OLYMPIA FOOD CO-OP TABLING APPLICATION

ORGANIZATION (if applicable)_____

Applicant Name_____

Phone_____

Email_____

Store Location (circle one): East West

Requested Date(s)/ Time(s): (Limit two shifts per week unless exceptions are made.)

_____/_____/_____/ 9AM - 1 PM or 2PM – 6PM

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Is this a 501(c)3 Non-Profit? Y / N

How does your organization / project align with the Co-op's Mission Goals?

_____

Do you require any special equipment or accommodations?

_____

Will you be fundraising? Y / N

Please describe and items you will be selling:

_____

Signature_____Date____/____/____/

Please submit application at least one week prior to date requested, and two weeks if fundraising or selling items

Eastside Co-op & Deli 3111 Pacific Ave SE | Westside Co-op & Garden Center 925 Rogers St NW
(360) 956-3870 (360) 754-7666