**ROUND-UP PROGRAM APPLICATION**

**Organization Information**

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| Name of Organization: |
| Main Contact Name: |
| Organization Address: |
| Telephone No: |
| Email Address: |
| Tax Exempt No: |

**MISSION OF ORGANIZATION**

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| *If picked for our program, how would your organization promote it to your membership/community?* |

**Application Completed By:**

|  |  |
| --- | --- |
| Signature: | Date: |

\*Please email this form to Kristie Maurer at Kmaurer@myurbanmarket.com or drop off at the customer service desk at Maurer’s Market.

\*\*If your organization is chosen for a particular month, you will receive a confirmation email/letter with further details.