**New Community & Non-Profit Organization Booth Information Sheet**

**Contact Information**

|  |  |
| --- | --- |
| Name: |      |
| Address |       | City |       | ST |       | Zip |       |
| Home Phone |       | Work |       | Fax |       |
| E-mail address |       |
|  |  |

|  |  |
| --- | --- |
| Name of Organization |       |

|  |  |
| --- | --- |
| **Organization Mission & Scope of Services** | **Art Market Participation Request Dates** |
|                                                                                                                                                                                                                                                                                                                          |                                                      |

**My signature below indicates I/we have read and agree to comply with Vendor Guidelines:**

 **X \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please send completed applications to the following address:**

City of El Paso, Museums and Cultural Affairs Department (MCAD)

Attention: Downtown Artist & Farmer’s Market Market

400 W. San Antonio Avenue, Suite A

El Paso, Texas 79901

Or

Email: duranla2@elpasotexas.gov