

Farmers' Market Operation Hours

Please complete the following form for your county.

1. County Name _____

2. Market Name _____

3. Physical Address (i.e. off I-64, exit 113 beside Waffle House)

3. Number of new farmers' participating in your market _____

4. Months of Operation (please circle all that apply).

Jan. Feb. Mar. Apr. May Jun. Jul. Aug. Sep. Oct. Nov. Dec.

5. List the times beside the day(s) that the market is open (i.e. Monday 2-4pm).

a. Sunday _____

b. Monday _____

c. Tuesday _____

d. Wednesday _____

e. Thursday _____

f. Friday _____

g. Saturday _____