

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

**Contact Information**

Name: \_\_\_\_\_ Zip \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_

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: [veneciavm@elpasotexas.gov](mailto:veneciavm@elpasotexas.gov)