

# Eastside Marketplace



Please complete the application and submit with any relevant information at least 45 days in advance of your event.

Today's Date: \_\_\_\_\_ Event Date: \_\_\_\_\_

Organization: \_\_\_\_\_ Contact: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Web address: \_\_\_\_\_

Describe Event: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Number of people you expect attend: \_\_\_\_\_

Will ESM be acknowledged as a donor, if so how? \_\_\_\_\_

\_\_\_\_\_

Request: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please fax, mail or drop this application to:

Eastside Marketplace  
Attn: JaniceCostello  
165 Pitman Street  
Providence, RI 02906  
(f) 401-831-7815