First Name:		CAPE COD
Last Name:		BUY FRESH
Market Name:		Farmers Market
Contact Phone:		Survey
Email Address(es):		
Mailing Address:		
City:	State/Province:	Postal Code:
Your web site (if applicable):		
Location of market		
Day of week and hours of market		
Start and end dates for the season		
Total number of vendors		
# growers/harvesters total		
# growers/harvesters from Barnstak	ole County (To be listed as a BF	BL CC market, at least 50% of
vendors must be Cape Cod growers). F	Please list:	
Please include a short description of yo	ur business to be used on buyfr	eshbuylocalcapecod.org
and in the printed guide.		
Do you have vendors that accept SNAP/ H	IP? Please list here:	