



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 Site: _____

Describe Event: _____

Number of people you expect to attend: _____

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

Request: _____

Please fax, mail or drop this application to:

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