EVENT INFORMATION AT-A-GLANCE

Location Farm or Farmers Market Address City	Date Specify day of the week and date	Primary Contact Name Email Phone
Parking Location / Instructions	Time Specify time	Secondary Contact Name Email Phone

EVENT THEME

Add information describing your vision for the event theme.

FLORIDA HERITAGE CROPS IN SEASON		
• Crop 1 • Crop 2 • Crop 3 • Crop 4	 Crop 5 Crop 6 Crop 7 Crop 8 	

COOKING DEMON Plan 3 to 5	STRATIONS	WORKSHOP PRESE Plan 3 to 5	NTATIONS
Chef #1 Featured Crop and meal	Booth & Time	Workshop #1 Featured Crop and meal	Booth & Time
Chef #2 Featured Crop and meal	Booth & Time	Workshop #2 Featured Crop and meal	Booth & Time
Chef #3 Featured Crop and meal	Booth & Time	Workshop #3 Featured Crop and meal	Booth & Time
Chef #4 Featured Crop and meal	Booth & Time	Workshop #4 Featured Crop and meal	Booth & Time

Entertainer #1 Name & Type of entertainment	Time
Entertainer #2 Name & Type of entertainment	Time

	Group #1 Name & Type	Group #3 Name & Type
COMMUNITY GROUPS	Group #2	Group #4
SUPPORTING THE EVENT	Name & Type	Name & Type

VENDORS Selling Food Or Value-Added Goods		CHILDREN'S ACTIVITIES Plan 3 Or More	
Vendor #1 Name Value-added goods to be sold	Booth	Activity #1 Description Activity Leader	Booth & Time
Vendor #2 Name Value-added goods to be sold	Booth	Activity #2 Description Activity Leader	Booth & Time
Vendor #3 Name Value-added goods to be sold	Booth	Activity #3 Description Activity Leader	Booth & Time
Vendor #4 Name Value-added goods to be sold	Booth		
Vendor #5 Name Value-added goods to be sold	Booth		

ADDITIONAL NOTES

Add notes specifying important information to be considered related to the planning of this event.

