



**2017 Legacy Marketplace Application**

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Mailing address:  
\_\_\_\_\_

Grade in school (2016-2017 school year): \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Parent/Guardian Name(s): \_\_\_\_\_

Parent/Guardian Phone: \_\_\_\_\_

Parent/Guardian Email: \_\_\_\_\_

Have you attended Hope Day? Yes or No

Have you participated in the Legacy Marketplace? Yes or No

Are you available on the evening of October 13<sup>th</sup> to set up a marketplace table? Yes or No

Are you available on October 14<sup>th</sup> from approximately 9am until 1pm? Yes or No

Please explain what you would like to make and sell at Hope Day. Attach a sample photo if available:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Personal Essay:** Please take time and share some important information about you! Tell us a fun fact about yourself. Do you have any hobbies? What do you do in your free time? Why do you think you'd be a great fit to sell items at our 2017 Legacy Marketplace? What do you plan to do with the money you earn at Hope Day? This is your chance to show us who you are and to stand out from the crowd! (attach an additional paper if needed).

I hereby give consent to Angel Wings Foundation to contact and verify my information contained in this application and attachments by contact with individual, or other entity. I understand that intentionally false or misleading information I have submitted on this application will result in removal from Legacy Marketplace program. If selected to participate, I agree to provide Angel Wings Foundation photos and information for possible use in promotional materials such as the Foundation's website and newsletter.

\_\_\_\_\_  
Signature of  
Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of  
Parent/Guardian

\_\_\_\_\_  
Date