NEW YORK STATE OF OPPORTUNITY. Agriculture and Markets

Farmers Market Nutrition Program (FMNP)

Attendance Roster (FMC-7)

Farm Name or Farmer Name	FMNP Farmer ID	Market Dates																	
		Instuctions: In the column headings below (e.g. week 1), put dates of your weekly markets (e.g. 5/31). Place an "X" in the box below each weekly market for each farmer in attendance that week. Make copies of this form as needed for your market records.																	
		Week 1 (e.g. 5/31)	Week 2	Week 3	Week 4	Week 5	Week 6	Week 7	Week 8	Week 9	Week 10	Week 11	Week 12	Week 13	Week 14	Week 15	Week 16	Week 17	Week 18
(e.g. John Smith)	(e.g. 0001)	X																	

Market Signature: I certify that the above farmers attended market on the days indicated above.

_____ Market Name and FMNP Market ID#

_____ Signature of Market Manager/Sponsor

_____ Date

Form Instructions: Submit monthly. Return form to: NYS Department of Agriculture and Markets, 10B Airline Drive, Albany NY 12235 Attention: FMNP or by email: farmersmarkets@agriculture.ny.gov. Retain copies in your market records for three years.

This institution is an equal opportunity provider.