

**ABFM 2019 Performer Application** 

Name(s) of Performer(s):	
Name of Contact Person:	
Address:	
Phone:	Cell Phone:
Email:	Website URL:
May we put a link to your site on the ABFM website?	Yes No N/A
Group/Act Name:	
Type of Performance:	
Please indicate on which date(s) you are available for man	rket day — Sundays from June 16 through October 27, 2019.
First choice date Second choic	e Third choice
□ I would like to perform once this season □ I would	consider performing twice this season
	performers for ABFM publicity use (continue on back if necessary). I of this to promote your performance via our eblast and website.
I/we acknowledge that I/we have read the ABFM 2019 Pe Operation, and will comply with them.	rformer Rules of Operation, and the ABFM 2019 Rules of
Name of Applicant:	Date of Application:
Signature of Applicant:	
Questions? Please contact the Performer Coordin	ator at music@ABFarmersMarket.org or at 978.635.9664.
Please mail or fax th	is completed application to:
	ket, 109 Concord Road, Acton, MA 01720
	AND
Please mail or email	l audio or video samples to:
	d Road, Acton, MA 01720 • music@ABFarmersMarket.org
	armersMarket.org to arrange to upload large audio/video files.)