

## **ABFM 2024 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 ma	rket day — Sundays from June 16 through October 13, 2024.
First choice date Second choice	e Third choice
☐ I would like to perform once this season ☐ I would consider performing twice this season  Please write a <i>brief</i> description of your performance and performers for ABFM publicity use (continue on back if necessary).  Be aware that we will use an (edited, if necessary) version of this to promote your performance via our eblast and website.	
I/we acknowledge that I/we have read the ABFM 2024 Pe Operation, and will comply with them.	erformer Rules of Operation, and the ABFM 2024 Rules of
Name of Applicant:	Date of Application:
Signature of Applicant:	

Questions? Please contact the Performer Coordinator at music@ABFarmersMarket.org or at 617.823.2313.

## Please mail or fax this completed application to:

Acton-Boxborough Farmers Market, 109 Concord Road, Acton, MA 01720

## AND Please mail or email audio or video samples to:

Acton-Boxborough Farmers Market, 109 Concord Road, Acton, MA 01720 • music@ABFarmersMarket.org (Please email the Performer Coordinator at music@ABFarmersMarket.org to arrange to upload large audio/video files.)