

ABFM 2025 Performer Application

Name(s) of Performer(s):		
Name of Contact Person:		
Address:		
hone: Cell Phone:		
Email:	Website URL:	
May we put a link to your site on the A	ABFM website? 🛛 Yes 🗳	I No 🖵 N/A
Group/Act Name:		
Type of Performance:		
Please indicate on which date(s) you a	re available for market day —	- Sundays from June 15 through October 12,
2025:		
First choice date	Second choice date	Third choice date
	-	ABFM publicity use (continue on back if necessary). note your performance via our eblast and website.
and will comply with them.		Operation, and the ABFM 2025 Rules of Operation,
Signature of Applicant:		
		@ABFarmersMarket.org or at 978-621-5814.
Plea	se mail or fax this completed ap	oplication to:
	igh Farmers Market, 101 Charter	
Acton-Boxborough Farmers Market, 101		 eo samples to: music@ABFarmersMarket.org (Please email the range to upload large audio/video files.)

Thank you!