

Join Us!



**COUNTRY FARM FEST**

# Entertainment Application

<b>Contact Name</b> _____	<b>Group/Act Name</b> _____
Please Print	<b>Contact Phone #</b> _____
<b>Address</b> _____	<b>Cell</b> _____
_____	<b>Email</b> _____
<b>City</b> _____	<b>State</b> _____ <b>Zip</b> _____

**Type of Demonstration or Act**  
(i.e., soap making, spinning, musician, theater, dance, etc.) \_\_\_\_\_

**Please Provide a brief description of your act or demo item.**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Answering the following questions will help us serve you

	Yes	No		Yes	No
1. Have you participated in the festival before?	_____	_____	2. Have you submitted a demo tape or CD?*	_____	_____
3. Would you like CFF to provide a tip jar?	_____	_____	4. Do you need special accommodation(s)	_____	_____
			[If yes, explain below. (We will have a sound system)]		
5. How long is your performance or, how much time are you able to donate?	_____	_____		_____	_____
				_____	_____

6. What day(s) and time(s) are best for you?  
(e.g., you have a 15 minute act & can perform Thurs between 2:00pm and 4:00pm or 1.5 hr act & can perform either Thurs, Fri and/or Sat between 11:00am & 8:00pm)

	Day	Time(s)	am	pm	To	Time(s)	am	pm
Friday	(Oct 12)	_____	_____	_____		_____	_____	_____
Saturday	(Oct 13)	_____	_____	_____		_____	_____	_____
Thursday	(Oct 18)	_____	_____	_____		_____	_____	_____
Friday	(Oct 19)	_____	_____	_____		_____	_____	_____
Saturday	(Oct 20)	_____	_____	_____		_____	_____	_____

**Comments, ideas or thoughts on/for the COUNTRY FARM FEST**

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