



Market Music Application

Group Name:	
Contact:	
Street Address:	
City, State, Zip	
Phone:	Cell Phone:
Email:	
Website:	
Networking:	

Description of Performance:

Availability (best 3 Sundays of the Season):

Dates	Times
1) _____	1) _____
2) _____	2) _____
3) _____	3) _____

Conditions:

By signing this application, you are agreeing to follow all current and additional rules for the Tigard Area Farmers Market. You are agreeing to be a non compensated performer at TAFM. Any compensation received at your performance is from Market attendees is not directed by TAFM and not reported for tax purposes by TAFM. You are responsible for all members/equipment that your group brings and its set up and removal. Performers are booked by TAFM Staff and at anytime they can be asked to leave.

Name: _____	Date: _____
Name: _____	Date: _____

TAFM STAFF ONLY:

Date Received:
 Juried:
 Approved _____ Denied _____