



Great Falls' Original  
**Farmer's Market**

(406) 761-3881  
 PO Box 1986, Great Falls, MT 59403-1986  
 entertain@farmersmarketgf.com


## 2016 Entertainer Application

### **PART A – CONTACT INFORMATION** Please fill out in full.

<b>Entertainer Contact Name</b>		<b>Entertainer Business Name</b>
<b>Mailing Address</b>		<b>City, State, Zip Code</b>
<b>Phone</b>	<b>Fax</b>	<b>Email</b>
<b>Cell Phone</b>		<b>Website and/or Facebook Page</b>
<b>Type of Entertainment</b>		
Please be as specific as possible. For example, if you are a singer, what type of songs, do you have a band, etc.		
<b>Facility Requirements</b>		
How much space do you need, do you require electricity, etc.		

### **PART B – PARTICIPATION DATES** Please circle dates you plan to participate.

<b>June</b>	<b>July</b>		<b>August</b>		<b>September</b>	
<u>Saturdays</u>	<u>Saturdays</u>	<u>Wednesdays</u>	<u>Saturdays</u>	<u>Wednesdays</u>	<u>Saturdays</u>	<u>Wednesdays</u>
June 4	July 2	July 13	Aug 6	Aug 3	Sep 3	Sep 7
June 11	July 9	July 20	Aug 13	Aug 10	Sep 10	Sep 14
June 18	July 16	July 27	Aug 20	Aug 17	Sep 17	Sep 21
June 25	July 23		Aug 27	Aug 24	Sep 24	
	July 30			Aug 31		

**PART C – DETAILED INFORMATION**

Please provide a brief history of your entertaining career and experience.

**PART D – ADDITIONAL INFORMATION**

Will you be selling promotional items? Yes No If yes, please list products you plan to sell. \_\_\_\_\_

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**PART E – ENTERTAINER AGREEMENT**

1. I understand that I must sign this agreement before I will be allowed to participate in the Great Falls’ Original Farmer’s Market.
2. I understand that execution of this Agreement does not guarantee my acceptance as an entertainer or guarantee space at the Market.
3. Approved entertainers are solely responsible for their products, equipment and other possessions, and for their business practices.
4. I understand that I will not be paid a fee for entertaining.
5. I have read the “General Information” and “Regulations” attached to this application and I agree that I, and all entertainers performing with me, will abide by all Regulations stated or as amended by the Great Falls’ Original Farmer’s Market.
6. **Liability Release and Waiver of Claims:** I release the Great Falls’ Original Farmer’s Market and each of its officers, employees, agents, volunteer workers, directors, and representatives from any and all actions, causes of action, liability, claims, demands, costs, charges, and expenses my/our immediate families, estates, personal representatives, heirs and devisees might have arising from any damage, personal injury, suffering or death occurring from participation in the Great Falls’ Original Farmer’s Market.

My execution of this agreement is a lawful and voluntary act. By signing below I certify that I understand and agree to abide by the terms of this agreement.

Authorized Signature: \_\_\_\_\_

Date: \_\_\_\_\_