

# GARFIELD PARK

## NEIGHBORHOOD MARKET



### 2017 ENTERTAINMENT APPLICATION

#### Garfield Park Community Council

300 North Central Park Avenue Chicago, Illinois 60624 Phone (773) 638-1766 Fax (773) 638-1777

This form can be completed using Adobe Acrobat, which can be downloaded for free at <https://get.adobe.com/reader>  
Please send completed application to Angela Taylor: [taylor3433@yahoo.com](mailto:taylor3433@yahoo.com).

### PERFORMER INFORMATION

Performer/Act Name: \_\_\_\_\_

Performer/Act Name Introduced Onstage As: \_\_\_\_\_

Main Contact: \_\_\_\_\_

Telephone (Main): \_\_\_\_\_ Telephone (Alternate): \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

#### Representing Neighborhood

- East Garfield Park
- North Lawndale
- West Garfield Park
- Austin
- Humboldt Park
- Other: \_\_\_\_\_

#### Type of Act/Entertainment:

- Musician/Band-Vocalist
- Musician/Band-Instrumental
- Performance (Dance, Theater, etc)
- Spoken Word (Poet, Storyteller, Comic, etc)
- Circus Arts (Acrobat, Juggler, Stilt Walker, etc)
- Deejay
- Other: \_\_\_\_\_

**Performers On-site:** How many people will perform in your group? \_\_\_\_\_

Do you have an artist bio?  Yes  No

Please describe your performance history, if available:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Can you provide a photograph of your group for us to promote your performance?  Yes  No

Please provide a brief description of your act:  
\_\_\_\_\_  
\_\_\_\_\_

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## MARKET DAY SCHEDULE

The market will take place rain or shine. Performance time(s) will be confirmed upon acceptance by Market Management.

**MARKET HOURS:** 10:00 am to 2:00 pm on Saturdays. **CHECK-IN/SET UP** starts at 9:00 am.

Please indicate which Market Days you will be vending:

- Saturday, June 10       Saturday, July 8       Saturday, August 12  
 Saturday, September 9       Saturday, October 14

**MARKET DAY CONTACT:**

- Same as "Contact Person"       Other (name)

Mobile Phone: \_\_\_\_\_

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## ENTERTAINMENT STAFF ON-SITE, SPECIAL NEEDS & PROMOTION

How many **non-performing** people will be with you? \_\_\_\_\_

Will you be selling merchandise or distributing promotional materials?  Yes  No

**MERCHANDISE LIST:** Please list ALL merchandise you will be selling at the market and the price range: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list any **special needs** the market management needs to be aware of for your staff and/or performance: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PROMOTING THE MARKET SITES:** We request that you please promote, via your social media channels, the appearance of your non-profit at the markets. This is in exchange for your free booth space. Please refer to the market with the proper name: **Garfield Park Neighborhood Market.**

Twitter: \_\_\_\_\_

Facebook page: \_\_\_\_\_

Yes, I understand and agree to the Social Media requirements and I will actively promote my organization's appearance at the market and the market in general.

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**APPROPRIATE MATERIAL POLICY AND OATH:** This is a family oriented event and all entertainment is expected to be appropriate with consideration for the public audience that will be attending, including senior citizens and young children. In an effort to be honest and fully transparent to the market management, I, as representative for the entertainment act described herein, promise that it does not contain: swearing or vulgar language; verbal or visual images that promote unethical, immoral, or discriminatory behaviors; or excessively explicit, sexual and/or violent situations or activities. Acts deemed inappropriate by the Market Management will be immediately terminated. I understand that breaking this oath will result in immediate removal of all entertainment act staff and performers from the market.

DOES YOUR PERFORMANCE COMPLY WITH THE APPROPRIATE MATERIAL POLICY?  Yes  No

**REQUIREMENTS:** All vendors must possess the appropriate licenses based on the service(s) provided, goods and/or merchandise for sale, including but not limited to Illinois Business Tax ID Number (IBT#) and a Business Affairs and Consumer Protection (BACP) Account Number.

THE UNDERSIGNED HAS READ THE GUIDELINES AND REQUIREMENTS AND BY SIGNATURE BELOW AGREES TO ADHERE/ABIDE BY THEM. PLEASE KEEP A COPY OF THIS FOR YOUR FILES.

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

**\*\*EVENT ORGANIZERS WILL NOTIFY YOU OF ACCEPTANCE. SUBMISSION OF APPLICATION DOES NOT GUARANTEE PLACEMENT\*\***