



2016 Musician Registration Form

*Band/Musician Name _____

*Authorized Representative Name _____

*Email _____

*Address _____

*City _____ State _____ Zip _____

*Phone _____ Cell _____

**required information, email not required if the band has no e-mail account*

Type of Music:

Dates of Participation:

_____ Specific date(s) requested: _____

_____ This band is interested in attending as much as possible

Volunteer Information:

_____ I would like to help organize a special event

_____ I would like to donate something towards a special event

Other Comments/Suggestions:

I have read the Music Policy and agree to the terms.

Signature _____ **Date** _____

Send completed form to: MononaFarmersMarket@gmail.com or to
Stacy Iruk at P.O. Box 6711 Monona, WI 53716

Vendors and non-profit organizations have different application forms that may be found at
www.mononafarmersmarket.com.