



Musician Application

Band/Musician Name _____

Authorized Representative Name _____

Email _____

Address _____

City _____ State _____ Zip _____

Phone _____ Cell _____

Type of Music:

Dates of Participation:

_____ Specific date(s) requested: _____

I have read the Musician's Responsibilities Policy and agree to the terms.

Signature _____ Date _____

Send completed form to: MononaFarmersMarket@gmail.com or to

Claudia Vlisides
4901 Midmoor Rd
Monona WI 53716