

New England Center Creative Arts STAGE Demonstration Request Form

September 13 – 29, 2024

Group or Individual Name:		Town/City, State of Group:		
Contact: First Name	Last Name	Email		
Street Address		City	State	Zip
	L			
Phone Number	Cell phone	Description of What Demonstrating		
Emergency Contact Name		Relation		
Emergency Contact Street	Address	City	State	Zip
Emergency Contact Phone	Emergency Contact Cell phone			
Date(s) & Time(s) Requer (Please be flexible and give alt Number of 6 ft. Tables Ro Number participants per PASSES REQUESTED: Nu One Lot 1 (on grounds	o back, such as 1:00 and 2:00, the demo sted FOR STAGE DEMONSTRATION: ernative dates/times if possible. 4-H groups also equested Number of chairs presentation (Max 6 – Each par mber of Persons Participating s parking) will be provided per group per	use the stage some Mondays & Frida Electricity Needed? Yes or No ticipant must be part of the demo Parking Passes	ays and will (please b nstration c	ring extension cords) on stage)
•	tion Checks should be payable to: e list of all people participating with dat	e/times and their emergency	contact	information . The
·	ition must be provided by August 15.			
Note: credentials are onlonumber of credentials re	y for those demonstrating with your groquested.	up on stage. Fair managemen	t has the	right to limit the
closest to the New Englar	arking lots are in Agawam and West Spri nd Center. You may put your items in th provided per group per day. Please plan	e back of the van if not too lar	rge. One	
required to insure they a	re to be picked up in person to avoid los re provided to the correct person/group ase call for pickup dates and times.		•	_
Reminder: Someone from some some some some some some some so	m your group must check in at the Creat our demonstration.	ive Arts office near Door 2 of t	the New I	England Center
Please let us know	if you have any questions. Creative Ar	ts: 413-205-5015 or <u>Creative</u>	Arts@The	eBigE.com.
I have read and agree to	abide to the Demonstrator Stage Guideli			
Return form to:	New England Center Creative Arts, Faste	Please sign rn States Exposition 1305 Me	morial A	venue West

Return form to: New England Center Creative Arts, Eastern States Exposition, 1305 Memorial Avenue, West Springfield, MA 01089

Please List all People Participating

GROUP NAME:				
First Name	Last Name	Email		
Street Address	I	City	State	Zip
Phone Number	Cell phone	Group Name	I	
Emergency Contact Name		Relation		
Emergency Contact Street	t Address	City	State	Zip
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Emergency Contact Phone	Emergency Contact Cell phone		+	
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First Name	Last Name	Email		
Street Address		City	State	Zip
Street Address		City	State	Lip
	I			
Phone Number	Cell phone	Group Name		
Emergency Contact Name		Relation		
Emergency Contact Street Address		City	State	Zip
Emergency Contact Street	L Addiess	City	State	ΖΙΡ
Emergency Contact Phone	Emergency Contact Cell phone			
			I	
First Name	Last Name	Email		
Street Address		City	State	Zip
Street Address		City	State	ZIP
Phone Number	Cell phone	Group Name		
Emergency Contact Name		Relation		
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Emergency Contact Street	t Address	City	State	Zip
Emergency Contact Phone	Emergency Contact Cell phone			
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