

Group Name:		Town/City, State of Group:		
Contact: First Name	Last Name	Email		
Contact Street Address		City	State	Zip
Contact Phone Number	Contact Cell phone	Description of What Demonstrating		
Emergency Contact Name		Relation		
Emergency Contact Street Address		City	State	Zip
Emergency Contact	Emergency Contact Cell phone			

Date(s) & Time(s) Requested _____

(Please be flexible and give alternative dates/times if possible)

Number of 6 ft. Tables Requested _____ Number of chairs _____ Electricity Needed? Yes or No (please bring extension cords)

Number participants per shift _____ (Max 4. Each participant must work a minimum of a 4-hour shift).

PASSES REQUESTED: Number of Persons Participating _____ Parking Passes _____

1- Lot 1 (on grounds parking) will be provided per group per day. Please plan to carpool and use alternate parking.

Please attach a complete list of all people participating with date/times and their emergency contact information. This information must be provided by August 15.

Note: credentials are only for those demonstrating with your group for a minimum of a 4-hour shift. Fair management has the right to limit the number of credentials requested.

Parking: The employee parking lots are in Agawam and West Springfield. The shuttle will drop you off at Gate 4, which is closest to the New England Center. You may put your items in the back of the van if they are not too large.

Tickets/Parking Passes are to be picked up in person to avoid loss by a representative for the group and a signature is required to insure they are provided to the correct person/group. They will be available in the Creative Arts office in the New England Center, please call for pickup dates and times.

Reminder: Someone from your group must check in at the Creative Arts office near Door 2 of the New England Center upon arrival the day of your demonstration.

Non-profit groups that present on the stage for a minimum of 30 minutes may receive a \$50 donation. See Demonstrator Stage Guidelines. Our group is interested in presenting on the stage ___ Yes ___ No

Please let us know if you have any questions or concerns. Creative Arts at 413-205-5015 or via email at CreativeArts@TheBigE.com.

I have read and agree to abide to the Demonstrator Guidelines _____

Please sign

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

OR email CreativeArts@TheBigE.com

Please List all People Participating

GROUP NAME:			
First Name	Last Name	Email	
Street Address		City	State Zip
Phone Number	Cell phone	Group Name	
Emergency Contact Name		Relation	
Emergency Contact Street Address		City	State Zip
Emergency Contact Phone	Emergency Contact Cell phone		

First Name	Last Name	Email	
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