

**Group Demonstration Request Form**  
September 15 – October 1, 2023

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

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 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](mailto: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](mailto:Creativearts@thebige.com)

**Please List all People Participating**

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

<b>First Name</b>	<b>Last Name</b>	<b>Email</b>	
<b>Street Address</b>		<b>City</b>	<b>State</b> <b>Zip</b>
<b>Phone Number</b>	<b>Cell phone</b>	<b>Group Name</b>	
<b>Emergency Contact Name</b>		<b>Relation</b>	
<b>Street Address</b>		<b>City</b>	<b>State</b> <b>Zip</b>
<b>Phone Number</b>	<b>Cell phone</b>		

<b>Contact: First Name</b>	<b>Last Name</b>	<b>Email</b>	
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