

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
Phone Number	Cell phone	Description of What Demonstrating		
Emergency Contact Name Relation		Relation		
Emergency contact num		Relation		
Emergency Contact Stree	at Address	City	State	Zip
Lineigency Contact Street	t Address	City	State	Lip
Emergency Contact Phone	Emergency Contact Cell phone			
Emergency contact mone	Lineigency Contact Cen phone			
	 e should be a minimum of 30 minutes,			
Number of 6 ft. Tables I Number participants pe PASSES REQUESTED: No	Iternative dates/times if possible. 4-H groups al Requested Number of chairs r presentation (Max 6 – Each umber of Persons Participating Is parking) will be provided per group p	_ Electricity Needed? Yes or Neparticipant must be part of the demo Parking Passes	(please lonstration	bring extension cords on stage)
_	ation Checks should be payable to:	ver day. Trease plan to carpoon	aa a.s.c c	merinate parmilla.
Please attach a complet	e list of all people participating with dation must be provided by August 15.	ate/times and their emergency	/ contact	: information . The
Note: credentials are on	ly for those demonstrating with your gequested.	roup on stage. Fair managemer	it has the	right to limit the
closest to the New Engla	parking lots are in Agawam and West S and Center. You may put your items in provided per group per day. Please pl	the back of the van if not too la	rge. One	Lot 1 (on
required to insure they	are to be picked up in person to avoid I are provided to the correct person/gro ease call for pickup dates and times.		-	_
Reminder : Someone froupon arrival the day of y	om your group must check in at the Cre rour demonstration.	ative Arts office near Door 2 of	the New	England Center
Please let us know	w if you have any questions. Creative	Arts: 413-205-5015 or <u>Creative</u>	Arts@Th	eBigE.com.
I have read and agree to	abide to the Demonstrator Stage Guid	lelines		
_		Please sign		
Return form to:	New England Center Creative Arts, East	stern States Exposition, 1305 M	emorial 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		City	State	Zip
Phone Number	Cell phone	Group Name		
Emergency Contact Name	<u> </u>	Relation		
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Emergency Contact Phone	Emergency Contact Cell phone			
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First Name	Last Name	Email		
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Street Address		City	State	Zip
Phone Number	Cell phone	Group Name		
Emergency Contact Name		Relation		
Emergency Contact Stree	t Address	City	State	Zip
Emergency Contact Phone	Emergency Contact Cell phone			
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Contact: First Name	Last Name	Email		
Street Address	<u> </u>	City	State	Zip
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Phone Number	Cell phone	Group Name		
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Emergency Contact Name		Polation		
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Emergency Contact Stree	<u>t Address</u>	City	State	Zip
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Emergency Contact Phone	Emergency Contact Cell phone			