



Busking Application

Performer/s: _____

Contact Name: _____

Phone: _____

Email: _____

Date you wish to perform: _____

Time slot you wish to perform (any and all hours between 9am and 1pm are available) _____

I have reviewed the guidelines for busking at the Water Street Farmers Market and agree to follow all the guidelines set forth while performing at the Farmers Market.

Signature: _____ Date: _____