

Market on Darlington Square Registration Form for Musicians

Name of Participant: _____

Address: _____

E-mail Address: _____

Phone (Day): _____ Phone (Eve): _____ Cell: _____

I am applying to perform during the Market on Darlington Square on Saturday (Circle One)

May 6 June 3 August 5 September 2 October 7

I am applying to perform during the following time slot (Circle One).

This includes set up and tear down time.

9 am-11 am 11am-1pm

There will be a table, chairs, and tent available for your use during this time slot. If you would like to have a booth in addition to this time slot, you may bring a table, tent, and chairs to sell your promotional materials, CDs, etc.

Check here if you want to reserve a space to promote your group outside of your confirmed slot.

Briefly describe the **style of music** and **any items you will sell** in the Market. The Market on Darlington Square (aka "The Market" or "MoDS") wishes to promote a family atmosphere. Proper dress and language in the Market for a family atmosphere area are required. Also please indicate the location of your farm, nursery, studio, church, or business. _____

Regardless of weather, the Market will proceed as planned.

Hours of Market: 9:00 AM – 1:00 PM. Booths must be setup by 8:30 AM and taken down by 3:00 PM

By signing below, I confirm that I have read, understand and agree to comply with all the Market on Darlington Square Rules and Regulations. I further confirm that I, my representatives, employees and agents agree to protect and hold the Darlington Downtown Revitalization Association, the City and County of Darlington, and the Market on Darlington Square harmless for any responsibility, personal liability, claims, losses or damages arising out of or in conjunction with my participation in the Market on Darlington Square. As a vendor/participant in the Market on Darlington Square, I assume full responsibility for any booth and/or space utilized by me, my employees and/or my agents in the Market on Darlington Square. This responsibility includes sales tax as required and compliance with DHEC rules.

Signature/date _____ Please Print Name _____ Date _____

Return this application to **Market on Darlington Square**, P.O. Box 57, 410 Pearl St., Darlington, SC 29540-0057. **Contact info: darlingtonplanner@gmail.com 398.4000 ext. 103 or 992.1561**