

North Charleston Farmers Market Musical Entertainment Proposal

City of North Charleston Cultural Arts Department
P.O. Box 190016, North Charleston, SC 29419-9016
Phone: (843) 740-5854 Fax: (843) 529-2291 E-mail: culturalarts@northcharleston.org

Name: _____ Telephone: (H) _____ (C) _____

Address: _____

E-mail: _____ Website: _____

Genre of music: _____

Monthly Availability (check all that apply):

_____ April _____ May _____ June _____ July _____ August _____ September _____ October

Check your preferred days to perform: ___1st Thursday ___3rd Thursday ___5th Thursday (when applicable)

Time: 4:00 – 6:00 pm List set up time if necessary: _____

Fee for performance: _____

Description of Performance (include types of instruments, number of musicians, etc) :

List equipment needed (power cords, sound system, etc.):

Submit a resume with the Musical Entertainment Proposal. If you do not have a resume, a Resume Form can be downloaded at www.northcharleston.org under Cultural Arts.

I understand that the North Charleston Cultural Arts Department will review musical entertainment proposals and factors such as feasibility will be considered. I also understand that the Cultural Arts Department has the right to accept, defer, or reject this proposal.

Artist's Signature: _____

Date: _____