92nd Annual Emmett Cherry Festival

Presented by D&B SUPPLY

JUNE 16-19, 2027

ENTERTAINMENT APPLICATION

Contact Name: _____

Group Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Cell Phone: _____ Fax: _____

Email: _____ Website: _____

Please write 2-3 sentences describing your group, performance, style and genre: _____

_____

_____

_____

PLEASE TAKE NOTE:

- Performances at the Emmett Cherry Festival will take place Wednesday through Saturday, June 16-19, 2027.
- Evening performance times are reserved for full-piece bands and will run from 5PM -10PM, Wednesday-Saturday.
- Please note that performance slots are not guaranteed, even for returning bands.
- All performance times are subject to change at any time at the discretion of the Gem County Chamber of Commerce.

Date/times you **WILL** be available to perform: _____ _____

Are you willing to Showcase (no payment for performance)? Yes or No

If no what would is your rate per hour or total fee be?_____

How many members in your group? _____

Amount of time needed for set-up: _____ **(Set-up time is included in performance time block)**

Length of performance: 1 hour_____ Other (please specify)_____

IN ADDITION TO THE APPLICATION, PLEASE INCLUDE ANY OF THE FOLLOWING:

Information about your performance group.

One photograph of the group; preferably during performance (JPG file, email or CD only).

One performance sample, digital sample: you tube video, Facebook, or website.

NOTE: All photos, media and other submissions become the property of the GCCC and may be used for advertisement purposes. By submitting, you authorize their use in any publicity without compensation.

Please return to: Gem County Chamber of Commerce, 1022 S. Washington Ave or PO Box 592, Emmett, ID 83617

Questions: Call (208) 365-3485 or email chamber@emmettidaho.com

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TECH SHEET & STAGE DIAGRAM

GEM CHAMBER Gem County Chamber of Commerce

GROUP/BAND NAME: _____

CONTACT NAME: _____

CONTACT PHONE NUMBER(S): _____

PERFORMANCE DATE: _____

(Office Use)

PERFORMANCE TIME: _____

(Office Use)

TYPE OF PERFORMANCE: _____

WHAT FORMAT IS YOUR MUSIC IN? **CD or** **LIVE**

** PERFORMANCE NUMBERS MUST BE ALL ON ONE CD AND IN ORDER OF PERFORMANCE*

** PLEASE ENSURE AHEAD OF TIME THAT BURNED CD'S ARE PLAYABLE*

NUMBER OF VOCAL MICROPHONES _____

NUMBER OF INSTRUMENT MICS _____

** PLEASE INDICATE ON ATTACHED STAGE DIAGRAM WHAT TYPE OF INSTRUMENT/AMPS WILL BE MIC'ED*

NUMBER OF MONITORS/MIXES _____

NUMBER OF WIRELESS MICS YOU ARE BRINGING _____

* *IF WIRELESS IS REQUIRED YOU WILL NEED TO PROVIDE YOUR OWN*

STAGE DIAGRAM

PLEASE FILL OUT AND RETURN THIS FORM FRONT AND BACK ALONG WITH APPLICATION:

Gem County Chamber of Commerce / P.O. Box 592, Emmett, ID 83617 / (208) 365-3485 Fax: (208) 365-3220

www.emmettcherryfestival.com/ E-mail: chamber@emmettidaho.com

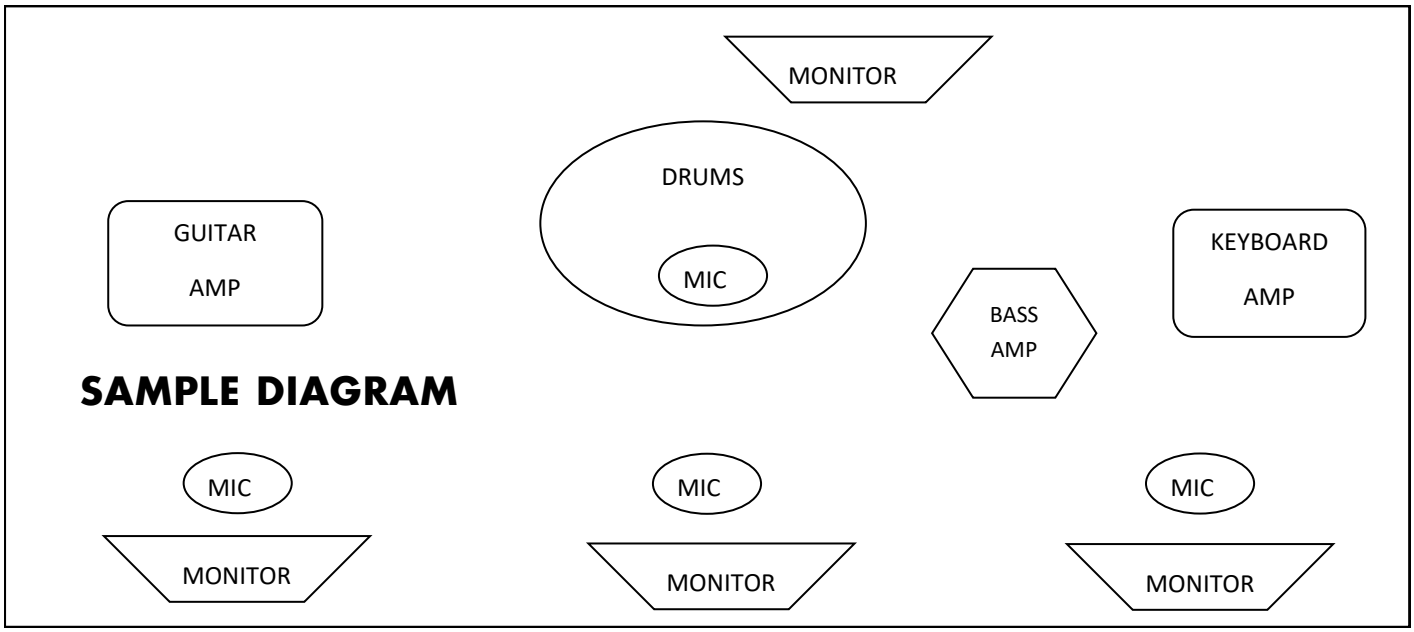
Emmett Cherry Festival

Cherry Festival 2027

NAME OF GROUP: _____

CONTACT NUMBER: _____

GEM CHAMBER Gem County Chamber of Commerce



FRONT OF STAGE

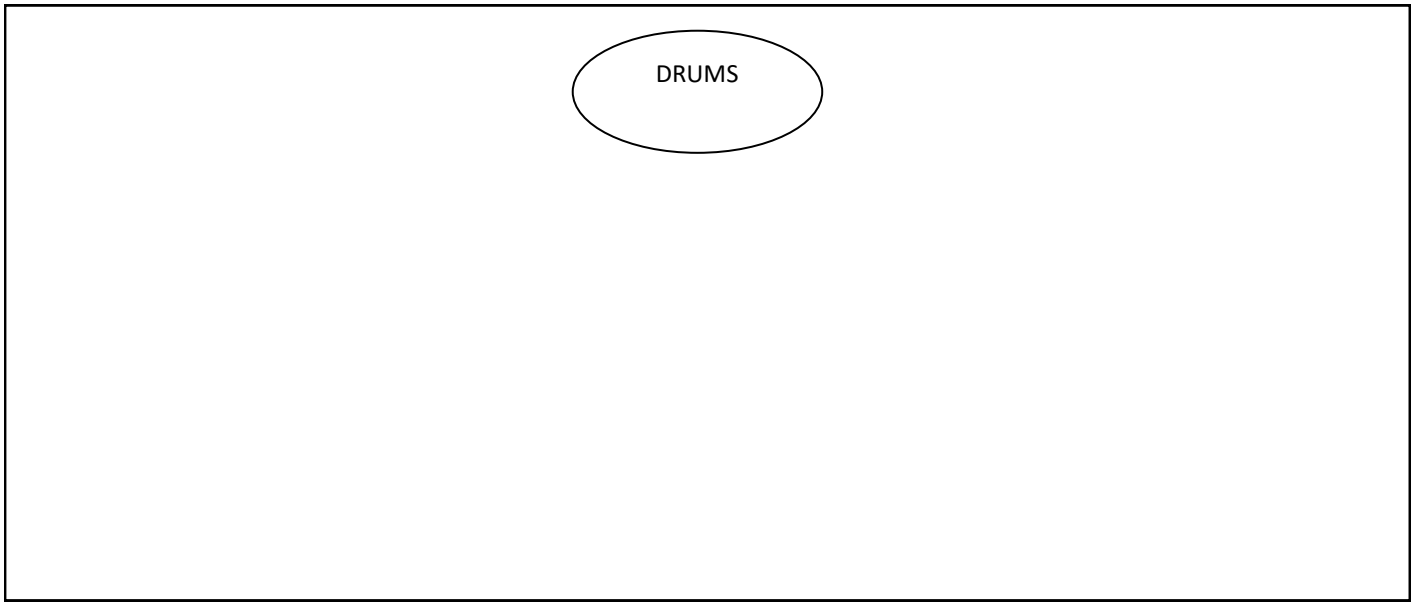
Please indicate on the diagram below the number and placement of:

_____ Vocal microphones (wireless mic not available, but you may provide your own)

_____ Instrument microphones (for guitar amps, brass, woodwinds, etc.)

_____ Instruments (number of guitars, keyboards, etc.)

_____ Monitors/Mixes



FRONT OF STAGE

Please fill out and return this Stage Diagram with your application to:

Gem County Chamber of Commerce - P.O. Box 592 Emmett, ID 83617