Presented by 90th Annual Emmett Cherry Festival

JUNE 11-14, 2025



EST. 1959

Emmett

ENTERTAINMENT APPLICATION

Returning Entertainers, please return Application, Tech Sheet, and Diagram by DEC 31,2025

Contact Name:				
Group Name:				
Address:	City:		State:	Zip:
Phone:	Cell Phone: _		Fax:	
Email:		Website:		
Please write 2-3 sentences of	lescribing your group, perfor	mance, style and g	enre:	
PLEASE TAKE NOTE:				
Performances at the Em	mett Cherry Festival will be	Wednesday throug	h Saturday, Ju	ıne 11-14, 2025.
• Evening performance ti	nes are designed for full-pie	ce bands, 6PM -10F	M, Wednesd	ay-Saturday.
Performance times are s	subject to change at any time	e per the Gem Cour	nty Chamber o	of Commerce.
Date/times you WILL be ava	ilable to perform:			
Are you willing to Showcase	(no payment for performane	ce)? 🗌 Yes or 🗌	No	
If no what would is your rate	e per hour or total fee be?			
How many members in you	group?			
Amount of time needed for	set-up:	(Set-up time	e is included ii	n performance time block)
Length of performance: 1 h	our Other (please	e 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

GROUP/BAND NAME:	Gem Count Chamber of Commerce "Where Business Comes Togeth
۲۰۰۶ GROUP/BAND NAME:	
CONTACT NAME:	
CONTACT PHONE NUMBER(S):	
PERFORMANCE DATE:	
(Office Use)	
PERFORMANCE TIME:	
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	
ST	

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

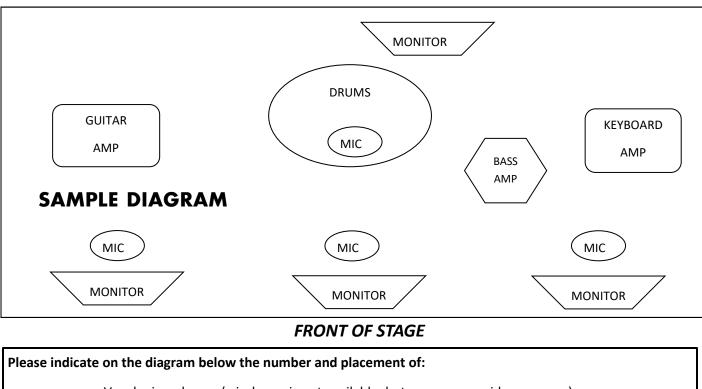
www.emmettcherryfestival.com/ E-mail: chamber@emmettidaho.com



NAME OF GROUP: _____

CONTACT NUMBER: _____





_____ 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

DRUMS

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