

# CONCERTS ON THE SQUARE®

## Volunteer Affiliate Program Application

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Email address: \_\_\_\_\_

Please circle what Concert weeks you are interested in: Select all that apply – selection may be based on availability.

June 24 (June 25 rain date)

July 1 (July 2 rain date)

July 8 (July 9 rain date)

July 15 (July 16 rain date)

July 22 (July 23 rain date)

July 29 (July 30 rain date)

Race(please circle):

American Indian or Alaskan Native

Asian/Pacific Islander

Black or African American

Hispanic

White/Caucasian

Multiple Ethnicity/Other

Prefer not to Answer

Business name: \_\_\_\_\_

Business Type/Industry: \_\_\_\_\_

Years In Business: \_\_\_\_\_

Tell us about the inspiration or passion behind your business: \_\_\_\_\_

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Annual Net Revenue: \_\_\_\_\_

Target Audience: \_\_\_\_\_

Where do you see your business in five years? \_\_\_\_\_

How will being part of this program help grow your business? \_\_\_\_\_

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Do you attend Concerts on the Square? \_\_\_\_\_

What's your favorite thing about the Madison community? \_\_\_\_\_

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