

GALAXY

Artisan Market

PARTICIPANT APPLICATION

Event: Galaxy Artisan Market

Where: 5840 Interface Drive, Suite 400, Ann Arbor, MI 48103

When: NOVEMBER 10, 2018

Time: 10AM--2PM



GALAXY

Artisan Market

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Galaxy Artisan Market is OUR GALAXY's way to give back to our community and the people we serve. Come support our Galaxy Entrepreneurs, artists and craftspeople by purchasing art and other amazing handmade items.



Event: Galaxy Artisan Market
Where: 5840 Interface Drive, Suite 400, Ann Arbor, MI 48103
When: NOVEMBER 10, 2018
Time: 10AM--2PM

Galaxy Artisan Market is OUR GALAXY's way to give back to the community of people we serve. We are looking for Artists/Crafts people who have experienced a life event that sets them apart as an overcomer or survivor. In this unpredictable world, life can change in an instant with a traumatic injury or unexpected diagnosis. In order to ensure that all our participants are able to celebrate one another's achievements artistically and in life experiences, we require participants to have overcome a medical, mental, or physical deficit either from birth or acquired. This includes, brain injury, stroke, concussion, MS, ALS, CP, cancer, progressive degenerative disorders, developmental disabilities, etc. We want to help Artisans become their own entrepreneur and mentor them through this process.

If you or someone you know would like to participate, please complete the "First Steps" application so that one of Galaxy's staff members can contact you. Also, sign up for ONE of the following orientation dates.

Do you want or need a little help learning about what the Market will be like? Do you want to practice a dry run so that you better understand the process? Orientation Dates allow us to walk you through the steps. They are not required, but for some they really help give peace of mind so that you can enjoy the day!

Name: _____ Phone: _____
_____ Date: October 19; 10am -- 11am
_____ Date: October 26; 10am -- 11am

During this orientation, we will show you around our facility and describe the event process so you are more than ready for the big day!

REQUIRED:

Set up for the Show (pick one):

- _____ Thursday, November 8; 10am -- 2pm
- _____ Friday, November 9; 10am -- 2pm
- _____ Sat, November 10; 8am--9am

You may also schedule a tour, as we would love to meet you in person.

Have questions? Contact us. We have answers!
Contact Person: Kim Jones



Phone: 734-627-8001
email: info@galaxybraincenter.com

We want this to be the best possible experience for you. In order to do this, we will provide the following:

- A personal volunteer assigned to each booth
- Scheduled rest breaks
- Quiet relaxation rooms to take breaks as needed
- Volunteers to assist with processing payments and packaging goods
- Volunteers to giftwrap goods as requested (bags and tissue provided)
- Food, drink, and snacks as needed (and scheduled lunch break)
- Volunteers to assist with set-up and take-down, as well as transportation of items/goods to and from car
- Rolling carts and dollies available for transportation of goods
- Free tables, chairs, table cloth, receipt books, name tags, and t-shirts provided
- An artist spotlight on our Facebook page and website (with permission)
- The ability to sell your items on our website should you choose
- The ability to enjoy others, socialize, make connections, and SHINE, while Galaxy and its amazing volunteers handle all the little details

Event History:

This is our second annual Galaxy Artisan Market. Last year we featured 18 participants and hosted more than 300 shopping guests, 55+ volunteers, and together our clients raised over \$4,000 in four hours.

Thank you to last year's sponsors:

Our Family Friend attendant care
ABA Insight
Home and Community Recreational Therapy
Logeman, Iafrate & Logeman, PC
Jeff Panko - Quality Home Medical

If you are interested in participating as an artisan, volunteering (all volunteers, participants and sponsors get a free t-shirt), or sponsoring a "Make-and-Take Station," please contact us and complete the "**First Steps**" application.

Have questions? Contact us. We have answers!



Contact Person: Kim Jones
Phone: 734-627-8001
email: info@galaxybraincenter.com

Participant Name: _____ Phone: _____

Address: _____

Email: _____

T-Shirt Size (Men's sizes) XS S M L XL 2XL 3XL

I am interested in the following:

_____ Becoming a GALAXY Artisan Participant

_____ Becoming a GALAXY Volunteer

_____ Becoming a Corporate Sponsor

For Artisan Participants:

Have you ever participated in a craft show before? _____Yes _____No

If Yes: Did you have a positive experience? _____Yes _____No

Would you like help developing an idea/craft so you may participate? _____Yes _____No

Are you seeking to develop a new skill or trade? _____Yes _____No

Do you want to earn additional money? _____Yes _____No

(Note: All proceeds from any items you sell will go directly to you (less the credit card processing fees/sales tax) and Galaxy **will not take profits** from the sale of your goods during the Galaxy Artisan Market.

Describe your craft or what you would like to do, sell, display, or learn:

Participant Intake -- Next Steps



Interests and Skill Development

Participant Name: _____

What are your interests? Check all that apply:

- Painting -- Circle all that apply: watercolor acrylic oil other
- Cards / paper products
- Sewing / needlework / knitting / crocheting
- Product sales (soaps, makeup, cleaning supplies, etc. _____)
- Leather work
- Jewelry
- Metal work
- Wood work
- Sculpture
- Crafting
- Ornaments
- Pottery
- Other: _____

Following are a few more questions that will help us provide the best possible experience:

Are you currently in OT, PT, Speech Therapy, or Recreational Therapy? Yes No

If Yes: Where do you attend therapy? _____

Do we have permission to contact your therapist to help coordinate your participation in this event?

Yes Signature and Date: _____

No

If Yes: Name of Therapist: _____

Phone of Therapist: _____

Email of Therapist: _____

Participant Name: _____



Would you like help thinking of an idea or organizing your craft / art / product?

Yes No

Would you like help organizing, displaying, pricing, and physically / mentally preparing for the event? Yes No

Alternative Contact (Is there anyone we should contact to help coordinate transportation, preparation, or services needed to make this event a success?) This may be family member or case manager.

Alternate Contact #1:

Name: _____ Relation: _____

Phone: _____ Email: _____

Is this person also an emergency contact? Yes No

Alternate Contact #2:

Name: _____ Relation: _____

Phone: _____ Email: _____

Is this person also an emergency contact? Yes No

**Special Accommodations and Sensory / Mobility Needs:
Can you tell us a little bit about yourself? Check ALL that apply:**

- Loud noises / sudden noises bother me
- Bright light / fluorescent lights bother me
- I tend to avoid large crowds
- I tend to avoid talking to strangers
- I need to take rest breaks often
- I have anxiety
- I have PTSD
- I have problems with memory, math, calculating, or handling money, etc.
- I have problems speaking and may need someone to help with communication
- I have physical deficits and may need someone to help me get where I need to go and show off my awesome products
- I need assistance in the bathroom; or I have bowel / bladder incontinence
- I use the following: manual wheelchair, electric wheelchair, walker, cane, other
- I have problems with fine motor or gross motor coordination

WHAT DO YOU WANT TO TELL US THAT WILL HELP US HELP YOU? Please list any concerns about participating in the Galaxy Artisan Market.



Participant Name: _____

Marketing Options

Are you willing to have yourself and your products highlighted on our website or Facebook page to help promote the event? Yes No

If Yes: May we include a photograph of you? Yes No

If Yes: May we include a photograph of your artwork? Yes No

Signature for authorization to use above stated on our social media and website:

Signature _____ Date: _____

Printed Name: _____

Artisan Spotlight

WE CAN USE THIS INFORMATION TO CREATE MEDIA BLASTS, NOTE CARDS TO GIVE WITH THE ITEMS PURCHASED, AND TO HELP HONOR YOU AS AN ARTISAN.

The information that you provide here may be placed on social media (Facebook, Twitter, flyers, etc.) This is your chance to tell the world about what you are selling and a little about yourself! This is how we get people in the door!

PICK ONE:

Yes use my artwork photos and spotlight on FB, Twitter, Website as you please. This will help people look for my booth.

Yes use my artwork photos on social media but do not use my name or identifying photograph.

No, do not use any of my artwork or photos online or on social media. Only create a Spotlight for the event, printed materials day of event, and handouts for day of event purposes only.

Signature _____ Date: _____

Printed Name: _____



Name:

Online Sales

Are you interested in learning more about a new opportunity to sell your products online through our website? We are making our website available to participants who want to showcase their art and find affordable (nearly free!) ways to earn extra income. If you want to learn more about this, please let us know. We are working on a Galaxy Artisan Market Online Store within our website that will allow overcomers to sell their craft, trade, or product. Galaxy covers the cost of the website and store for all participants. More to come on this! If you love being a Galaxy Artisan and want to do it year-round, let us know and we will be happy to share with you how it works.

Yes tell me more about online sale opportunities all throughout the year.

No, I want to keep whatever products don't sell.

Spotlight Questions:

NOW THAT WE KNOW WHAT YOU WANT TO DO, WE ARE EAGER TO CREATE A TABLE SIGN AND SPOTLIGHT THAT DESCRIBES A BIT MORE ABOUT YOU!

Why do you make/sell this product?

What are you most looking forward to about the Market?

How has participating and preparing for the Artisan Market affected your overall health and wellness?

If these questions are difficult, there are some fun getting-to-know-you questions on the next page. Pick a few of those...



Answer 2-3 of the following questions on the next page. Write the number of the question. (This is to make your artist spotlight fun to read ☺):

1. If you won \$10 million in the lottery, what would you do?
2. You're a new addition to the crayon box. What color would you be and why?
3. What is your most used emoji?
4. If you were a wrestler, what would be your entrance theme song?
5. Have you ever been told you look like someone famous, and who was it?
6. If you could bring back any fashion trend what would it be?
7. What's the most embarrassing fashion trend you used to rock?
8. You have your own late night talk show, who do you invite as your first guest?
9. If a movie was made of your life what genre would it be, and who would play you?
10. If you were famous, what would you be famous for?
11. You have to sing karaoke, what song do you pick?
12. What was your least favorite food as a child? Do you still hate it or do you love it now?
13. If you had to eat one meal everyday for the rest of your life what would it be?
14. If you could hang out with any cartoon character, who would you choose and why?
15. If you could live anywhere in the world for a year, where would it be?
16. If you could have the power of teleportation right now, where would you go and why?
17. What was the last gift you gave someone?
18. What advice would you give your 10-year-old self?
19. What inspires you?
20. What's the most interesting thing about you that we wouldn't know at first glance?
21. You've been given an elephant. You can't give it away or sell it. What would you do with the elephant?
22. Who would win a fight between Spiderman and Batman?
23. Who is your hero? And why?
24. If you weren't doing what you do today, what other job would you have?
25. Who is your best friend and what do you like best about him or her?
26. What "lesson from mom" do you still live by today?
27. What's the one thing you want to accomplish before you die?
28. If you could spend a week anywhere in the world, where would it be?
29. Do you have a pet? If so, tell me about it.
30. What's the most unusual place you have visited?

Question # ____ Answer:

Question # ____ Answer:

Question # ____ Answer:

You are almost Done!!!



EMERGENCY CONTACT INDIVIDUAL

Full Name:		AGE:		
Primary Address (Mailing)		City	State	County
				Zip Code
Physician Name:		Preferred Hospital:		
Physician Phone Number:		Address:		
Physician Address:				
Gender <input type="checkbox"/> Male Female	Birth Date _____	Advanced Directives:	Cell Number:	
			Home:	
			Work:	
<u>Emergency Contact #1 Information</u>				
Name:		Relationship to individual:		
Address:				
Cell:	Work:	Home:		
<u>Emergency Contact #2 Information</u>				
Name:		Relationship to individual:		
Address:				
Cell:	Work:	Home:		
Medical Insurance Information/plan type: .				
Policy Number:				
Group Number:				
Insurance Plan Provided Through Name:			DOB:	
Allergies: <input type="checkbox"/> No, <input type="checkbox"/> Yes.		Seizure Disorder:		Heart Condition:
Epi Pen in possession: <input type="checkbox"/> No, <input type="checkbox"/> Yes		<input type="checkbox"/> No, <input type="checkbox"/> Yes.		<input type="checkbox"/> No, <input type="checkbox"/> Yes.
Have you used Epipen in the past? <input type="checkbox"/> No, <input type="checkbox"/> Yes		Meds in possession <input type="checkbox"/> No,		Diabetes:
If yes see next page		<input type="checkbox"/> Yes		<input type="checkbox"/> No, <input type="checkbox"/> Y
		If yes see next page		If yes see next page

SIGNATURE:

DATE:

RELATIONSHIP:



EMERGENCY CONTACT INDIVIDUAL ACTION PLAN

Please fill out this form if you have medical concerns we need to know about:

Allergies:

Action:

Allergy	Give Benadryl	Give Epipen	Prior Hospitalization	Symptoms if exposed
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	

COMMENTS:

Please Describe in further detail any MEDICAL CONCERNS we need to know about:

Please list any SPECIAL ACCOMMODATIONS you may need:

Please list any Medical INSTRUCTIONS that would be helpful for Galaxy Staff to Understand:

***If Galaxy staff feel it is necessary to call 911 we will do so even if another plan is indicated on this form.**

SIGNATURE:

DATE:

RELATIONSHIP TO INDIVIDUAL:



**CONGRATULATIONS!
WE HAVE THE INFORMATION WE NEED!**

Here is your Personal Artisan Checklist:

- _____ Artisan Market Participant Checklist**
- _____ Photo of Self- We love your Smiling Face! (email to info@galaxybraincenter.com)**
- _____ Photo of Artwork/Craft if you have any**
- _____ Artisan Application First Steps**
- _____ Spotlight Questions**
- _____ Medical Emergency Contact form**
- _____ Optional Allergy Action plan (if severe allergy and desire to have an action plan on file)**



TO BE COMPLETED BY GALAXY STAFF:

CRAFT DESCRIPTION:	TABLE SIZE:	NEW TO CRAFT SHOW: Y N
ELECTRICITY: Y N	LARGE EASEL: Y N	BRINGING IN OWN DISPLAYS: Y N
EXTENSION CORD: Y N	SMALL EASEL: Y N	# OF GALAXY VOLUNTEERS:
WHEELCHAIR ACCESSIBILITY: Y N	# OF SCHEDULED REST BREAKS:	SPECIAL MEDICAL NEEDS: Y N Description:
# OF PERSONAL ASSISTANTS:	WALKER / CANE:	QUIET AREA: Y N
EMERGENCY PLAN SIGNED: Y N	TYPE OF CHAIR REQUIRED:	OTHER NEEDS:

Other Staff Notes: