



2017 Tracy 4th of July *Performance Request*

NAME OF PERFORMANCE GROUP: _____

CONTACT PERSON: _____

CONTACT PHONE: _____

E-MAIL: _____

PLEASE GIVE SHORT DESCRIPTION OF PRESENTATION (OR ATTACH BIO):

LENGTH OF PERFORMANCE/SPECIAL REQUESTS _____

SET UP TIME REQUIRED: _____

TEAR DOWN TIME REQUIRED: _____

SOUND EQUIPMENT
REQUIRED: _____

NUMBER OF PERFORMERS IN YOUR GROUP: _____

Time preference to perform : _____

PLEASE SUBMIT APPLICATION TO:

TRACY CHAMBER OF COMMERCE
223 E.10th Street
Tracy Ca 95376
(209) 835-2131
Fax 833-9526
****Non-Paid Performances**

