



# Tracy 4th of July Performance Request 2019

NAME OF PERFORMANCE GROUP: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_

CONTACT PHONE: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

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

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LENGTH OF PERFORMANCE/SPECIAL REQUESTS \_\_\_\_\_

SET UP TIME REQUIRED: \_\_\_\_\_

TEAR DOWN TIME REQUIRED: \_\_\_\_\_

SOUND EQUIPMENT  
REQUIRED: \_\_\_\_\_

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NUMBER OF PERFORMERS IN YOUR GROUP: \_\_\_\_\_

**PLEASE SUBMIT APPLICATION TO:** [info@tracychamber.org](mailto:info@tracychamber.org) or fax: (209) 833-9526

**TRACY CHAMBER OF COMMERCE**  
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Tracy Ca 95376  
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