



Tracy 4th of July Performance Request 2020

NAME OF PERFORMANCE GROUP: _____

CONTACT PERSON: _____

CONTACT PHONE: _____

Cell 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: _____

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

TRACY CHAMBER OF COMMERCE
223 E.10th Street
Tracy Ca 95376
(209) 835-2131