



Stage Performance Request

NAME OF PARTICIPANTS : _____

CULTURE REPRESENTING: _____

CONTACT PERSON: _____

CONTACT PHONE: _____

Cell Phone: _____ E-MAIL: _____

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

NUMBER OF PARTICIPANTS IN YOUR GROUP: _____

PARTICIPATING IN: FASHION SHOW Y/N

ONLY (2) members will be allowed on stage for fashion show.

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