

540 G Street, Chula Vista, CA 91910 Ph: 619/427-2119 Fax: 619/427-6954

www.chulavistacc.org

21st Annual Day of the Child Saturday, April 20, 2024

ENTERTAINMENT PARTICIPATION REQUEST FORM

This form does NOT guarantee a space in the event entertainment program. Please note: The event is a FAMILY event, and all entertainment must be family friendly.

You will receive a confirmation call and a confirmation letter with instructions and details on the event.

- 1. Entertainment Name (to appear in event program) ______
- 2. Please provide a brief description of the type of entertainment you will be providing.

3.	Address				
	City	S	State	Zip	
•	Phone	F	ax		
•	Email:				
j.	Contact Person				
7.	Please print the full name of the person that will oversee the entertainment group on the day of the event and th total number of performers who will be on the stage & age range:				
	Name:		Ce	ll phone #:	
	# of P	erformers		Ages Range:	
3.	List <u>ALL equipment</u> n	eeds for your perform	mance, mi	crophones, sound system	, CD player, etc.:
				(All participants will be a needed basis, please cont	nllocated a <u>Maximum</u> 10-15 act Jovita Arellano
0.	Is your performance o	nline?yesn If not online, please		list location: py of video, CD, etc.	
Ple		-		orm to: <u>Jovita.arell</u> - Return by <u>March</u>	
		-		call (619) 227-4588	
	We]	Reserve the Righ	nt on Ev	ent Program Space	Availability