



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

www.chulavistacc.org

17th Annual Day of the Child Community Fair Saturday, April 22, 2017

ENTERTAINMENT PARTICIPATION 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 _____ State _____ Zip _____
4. Phone _____ Fax _____
5. Email: _____
6. Contact Person _____
7. Please print the full name of the person that will be in charge of the entertainment group on the day of the event and the total number of performers who will be on the stage & age range:
Name: _____ Cell phone #: _____
of Performers _____ Ages Range: _____
8. List ALL equipment needs for your performance, microphones, sound system, CD player, etc.:

9. How long is your performance? Minutes: _____ (All participants will be allocated a Maximum 10-15 minutes) – Additional time will be allocated on an as needed basis, please contact Margarita Holguin
10. Is your performance online? yes no if yes, list location: _____
If not online, please send a copy of video, CD, etc.

Please return your Entertainment Participation Form to:
margarita.holguin@cvesd.org or fax to (619) 427-6954

Return by March 10, 2017

We Reserve the Right on Event Program Space Availability