



# 2011 Tracy Dry Bean Festival

## COMMUNITY STAGE REQUEST TO PERFORM

September 10th & 11th, 2010

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

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

Address /City/State: \_\_\_\_\_

Phone # \_\_\_\_\_ E-MAIL: \_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

LENGTH OF PERFORMANCE: \_\_\_\_\_

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

SOUND WILL BE PROVIDED

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

Preferred Performance Day **Saturday** \_\_\_\_\_ **Sunday** \_\_\_\_\_

**PERFORMANCE DATE AND TIME WILL BE ALOCATED BY GROUP SIZE AND CONTENT.**

- 1.MUSIC AND PERFORMANCES MUST BE APPROPRIATE FOR Festival AND FAMILY ORIENTED
- 2.MUSIC MUST BE ON A CD (NO TAPES)
- 3.PERFORMERS WHO LIVE IN TRACY WILL BE GIVEN PRIORITY
- 4.BASIC SOUND WILL BE PROVIDED