



SPECIAL VISITOR/ENTERTAINMENT APPLICATION

Name of group/performance: _____

Contact person: _____ Phone: _____

Address: _____

Email: _____ Fax: _____

Company website: _____

Please provide detailed explanation of the visit/entertainment you're proposing: _____

Number of persons in group (must be over 18 years of age): _____

Space or equipment needed: _____

Proposed performance date*: _____ Time: _____

Alternate date: _____ Time: _____

*Please note we can only accommodate special entertainment/events Mon-Fri, 10 a.m. – noon, and 2-4 p.m.

Please list two organizations for which you've provided entertainment. Please include contact persons and their phone numbers, as well as email addresses. If no references are provided, we are unable to review your application.

1. _____

2. _____

Please complete and return this form, at least one month prior to proposed date, via email to amchavez@choc.org. Please allow at least two weeks for review. If you have any questions, please call Amber Chavez, special programs coordinator, at (714) 509-7809.