

**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 older than 18): \_\_\_\_\_

Space or equipment needed: \_\_\_\_\_

\_\_\_\_\_

Proposed performance date\*: \_\_\_\_\_ Time: \_\_\_\_\_

Alternate date: \_\_\_\_\_ Time: \_\_\_\_\_

\*Please note we can only accommodate special entertainment/events Sunday-Thursday, 11 a.m. - 4:00 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. We are unable to review applications without references.

1. \_\_\_\_\_

2. \_\_\_\_\_

Return this completed form at least one month prior to proposed date to [seacreststudios@choc.org](mailto:seacreststudios@choc.org).

Allow at least two weeks for review. Call 714-509-7839 with any questions.