

Raritan Township Community Day
Group Performance Form

Name of Group_____

Contact Information:

Name of Contact #1 _____

Cell Phone # _____

Email Address _____

Name of Contact #2 _____

Cell Phone # _____

Email Address _____

(All groups need two contact people)

Type of Performance_____

Do you need the DJ to play your music (circle one) YES NO

(If yes you need to get the music to the DJ 20 minutes before you go on)

Please select 3 time slots. We will contact you once we add you to the schedule to confirm what time you are assigned. (PLEASE NUMBER 1ST, 2ND, 3RD choices)

We will schedule your time from one of your choices below:

12PM____ 12:30PM____ 1PM____ 1:30PM____

2PM____ 2:30PM____ 3PM____ 3:30PM____

If you require set up time before your performance please check here _____