COMMUNITY CHRISTIAN CHOIR, INC.

P.O. Box 9486 Trenton, NJ 08650
Email: CCChoir@optonline.net
(609) 587-7076

PERFORMANCE REQUEST APPLICATION

(Please print clearly)

Applicant Information

Date: ___/____/___
of application

Church/Organization: _____

Mailing Address: _____

_____

Contact Person: _____ **Email:** _____

Best time to contact: _____ **a.m. p.m. Phone: (_____) _____ - _____**

Purpose of Request

(Please check all that apply)

☐ **Fund Raising Event**
☐ **Community Outreach**
☐ **Church Fellowship Event**
☐ **Other:** _____
(Please list)

☐ **Attended Previous Performance**
☐ **Choir Member Recommendation**
*name of member*_____

Performance Information

Number of performances requested: _____ *(usually would be one unless unusual circumstances)*

Date(s) & Times Requested: Date: ___/____/___ Time: ____ p.m. (*first choice***) Set up Time:___ am/pm**

Date: ___/____/___ Time: ____ p.m. (*second choice***) Set up Time:___ am/pm**

Please note: our tech crew needs approximately 4 to 5 hours to set up& test the sound system & lighting.
Set up time means the exact time we will have access to the building and room where the concert will be held.

Will the facility be available for a rehearsal if needed prior to the performance date? ☐ Yes ☐ No

Is the concert intended to replace a regular church service? ☐ Yes ☐ No

Anticipated audience size: _____ **Type of audience: Mostly Adults Mixed Mostly Children**
(Number of people) *(Circle one)*

Benefit Designation

Do you have a charity you would like to designate as recipient of the Free-will offering? ☐ Yes ☐ No

Name of charitable organization: _____

Contact: _____ **Phone: (_____) _____ - _____**

Please note: All performance requests will be reviewed by the Board of Directors.
No one has the authority to schedule performances without prior Board approval.
You will be contacted by someone from the choir office regarding your request.

Please complete reverse side

Concert Promotion/Advertising

The choir expects each host (church or organization) to help advertise the concert. Please describe how you will promote or otherwise advertise the concert: _____

_____

Facility Information

(May be different from host organization or church)

Name of Facility:_____ Nursery on-site: ☐ Yes ☐ No

Address: _____

_____ Phone :(_____) _____ - _____

Emergency contact:_____ Phone: (_____) _____ - _____

(Emergency contact must be included or request must denied)

Area for Performance

☐ Sanctuary ☐ Auditorium ☐ All Purpose Room ☐ Gymnasium ☐ Other: _____

(Please specify)

Approximate Size:_____ x _____ Seating Capacity: Audience _____ Choir _____

(Dimensions) *(Number of people)*

Balcony: ☐ Yes ☐ No Seating Capacity: _____ Building air conditioned: ☐ Yes ☐ No

Risers available at the concert location: ☐ Yes ☐ No Standing Capacity on risers: _____

(Number of people)

Nearby warm-up room(s) available? ☐ Yes ☐ No Please explain: _____

Parking Facilities

☐ Parking Lot Number of cars: _____ ☐ Street parking Number of cars: _____

Hospitality Options

Will you provide babysitters: ☐ Yes ☐ No Will you host a reception: ☐ Yes ☐ No

Please Note: *The choir will bring risers(if needed) & sound equipment and lighting. Space will be required for the risers for singers to perform from. Space will also be required for the sound & lighting equipment and operators. Nearby power sources in the rear of the performance area are a necessity. If you have power source problems please let the technicians know prior to the concert set up.*

For Choir Use Only

Date request received: ___/___/___ Received from: _____ By:_____

Facility Visited By: _____ Date: ___/___/___ *(attach details)*

Performance: ☐ Approved Date of concert: ___/___/___ ☐ Declined

Comments: _____

Please email completed application to: ccchoir@optonline.net or mail to: CCC PO Box 9486, Trenton, NJ 08650