

# Red Ribbon Kick-Off

## Performance Registration Form

| Primary Contact Information       |          |             |
|-----------------------------------|----------|-------------|
| Requesting School / Organization: |          |             |
| Contact:                          | Phone #: | Cell Phone: |
| Email:                            |          |             |
| Address:                          |          |             |
| City:                             | State:   | ZIP Code:   |

| Type of Performance   |                       |                        |
|---|-----------------------|------------------------|
| i.e. (Band/chorus/step)   |                       |                        |
| Performance Type:   | Number of performers: | Length of performance: |
| Contact:  | Phone:                | Cell:                  |
| Email:  |                       |                        |
| <b>Note:</b> Performance time must be <b>5 minutes</b> or less. |                       |                        |
| Please describe performance in detail:                          |                       |                        |

| DBHDD Use Only:   |           |                |
|-------------------|-----------|----------------|
| Request Received: | Approved: | Denial Reason: |

**Please Note:**

Selections are based on a first come first served basis in order of registration receipt along with performance adhering to drug free, healthy living lifestyle.