

# 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.