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www.arcwake.org

Working with and for people with developmental disabilities and their families in Wake County.



M'n'M SINGERS PERFORMANCE REQUEST

GROUP EXTENDING INVITATION

Name of Agency/Organization: _____

Contact Name: _____

Address: _____

Phone: _____ Email: _____

Date of Initial Contact with Choir Director/The Arc office: _____

Target Audience: _____

Occasion (please check one):

- | | |
|--|--|
| <input type="checkbox"/> 11 am Church Service | <input type="checkbox"/> Family Night Supper |
| <input type="checkbox"/> Special Dinner or Banquet | <input type="checkbox"/> Conference |
| <input type="checkbox"/> Other: _____ | |

PERFORMANCE

Location of Performance (e.g. church sanctuary, auditorium, etc.) _____

Preferred Dates and Times (please indicate first, second, and third choices for date and time)

1. Date _____ Time _____

2. Date _____ Time _____

3. Date _____ Time _____

Preferred Length of Program _____

Microphone/sound system available? yes no

Piano Available? yes no

Practice Room Available? yes no

The choir performs free of charge. However, if your group would like to support programs like this through a donation, please make checks payable to The Arc of Wake County at the above address. If you wish, note "M'n'M Singers" on your memo line to designate your gift be used for the choir.

Thank you for your interest!