

## 2024 UPAF CAMPAIGN PERFORMER/SPEAKER REQUEST FORM IN-PERSON PERFORMANCE

Please complete this form to request a UPAF Member performer or speaker during your UPAF Workplace Giving Campaign. If you are requesting multiple performances, please fill out a separate form for each occasion. Before you submit this form please:

- Confirm all dates, time and locations of performances with your company.
- Reference the Performer/Speaker Guide online for performer options and individual performance requirements.
- Consider 3 Performer/Speaker options in case your 1<sup>st</sup> or 2<sup>nd</sup> choice in unavailable.

This form should be returned to your UPAF Campaign Coordinator at least two weeks prior to the dates of your event. A confirmation notice will be emailed when the performance/speaker is secured.

Company Name:					
Company Contact Informat	ion:				
Name of Company Ambassa	dor:				
Phone Number: Direct Line:		Cell Phone:		Company Line:	
Email:					
Performance Date:					
Performance Requests – Mo interest. Please refer to the l Performance Choice Performance Choice Performance Choice Performance Address:	Member Performance G e 1: e 2:		roup, vocal, ti	heatrical, or musical type of performance of	
Street:	_ City/State:	Zip C	Code:		
Performance Description, P	urpose and Mood:				
Arrival Time: am/pn Parking/Arrival Instructions		art Time: am/pn	m Perfor	mance End Time: am/pm	-
Security & Safety Protocols advance):	in Place that Performer	s Must Follow (Ex: sho	w photo ID, N	lames of artists required 48 hours in	

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Available Space (in Sq. Ft.):			
Event Run-of-show details:			
Company Will Provide:			
Outlets Microphone Armless Chairs	Type of Surface Piano		
Sound System Load In/Out 0	Other Needs		
Additional Comments/Notes			