



## 2023 UPAF CAMPAIGN PERFORMER/SPEAKER REQUEST FORM IN-PERSON PERFORMANCE

**Please complete this form to request a UPAF Member Group 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 is unavailable.

**This form should be returned to your UPAF Campaign Coordinator in a time sensitive manner prior to the dates of your event. A confirmation notice will be emailed when the performance/speaker is secured.**

**Company Name:**

**Company Contact Information:**

Name of Company Ambassador:

Phone Number: Direct Line:

Cell Phone:

Company Line:

Email:

**Performance Date:**

**Performance Requests – Member & Activity** (Try to identify the member group, vocal, theatrical, or musical type of performance of interest. Please refer to the Member Performance Guide):

- Performance Choice 1:
- Performance Choice 2:
- Performance Choice 3:

**Performance Address:**

Street: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Performance Description, Purpose and Mood:**

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**Arrival Time:** \_\_\_\_\_ am/pm      **Performance Start Time:** \_\_\_\_\_ am/pm      **Performance End Time:** \_\_\_\_\_ am/pm

**Parking/Arrival Instructions:**

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**Security & Safety Protocols in Place that Performers Must Follow** (Ex: show photo ID, wear face mask, show proof of vaccination):

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**Audience Size:** \_\_\_\_\_      **Type of Performance:**      Attentive      Background      Interactive



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**Available Space (in Sq. Ft.):** \_\_\_\_\_

**Event Run-of-show details:**

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**Company Will Provide:**

Outlets \_\_\_ Microphone \_\_\_ Armless Chairs \_\_\_ Type of Surface \_\_\_\_\_ Piano \_\_\_

Sound System \_\_\_ Load In/Out \_\_\_\_\_ Other Needs \_\_\_\_\_

**Additional Comments/Notes**

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