

2024 UPAF CAMPAIGN PERFORMER/SPEAKER REQUEST FORM

VIRTUAL 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 1st or 2nd 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 Information:			
Name of Company Ambassador:			
Phone Number: Direct Line:	Cell Phone:	Company Line:	
Email:			
Performance Requests – Member & Acti interest. Please refer to the Member Performance Choice 1: • Performance Choice 2: • Performance Choice 3: Virtual Performance Date: Performance Description, Purpose and N	ormance Guide):	up, vocal, theatrical, or musical typ	e of performance of
Arrival/Log-In Time: am/pm Audience Size: Type of Perf Event Run-of-show details:		m/pm Performance End Time:	am/pm
Virtual Event Details:			

- Video link/Platform (Please specify. Example: Ring Central, Teams, Zoom):
- Will company provide link? YES NO

Additional Comments/Notes