

## 2024 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 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 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	Zip Code:		
Performance Description, Purpose and Mood:						
Arrival Time: Parking/Arrival In		Performance Start Time:	am/pm	Performance End Time: am/pm		
Security & Safety advance):	Protocols in Pla	ace that Performers Must Follow	N (Ex: show p	hoto ID, Names 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	