

## 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 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 Requests – Member & Acti interest. Please refer to the Member Perfo		oup, vocal, theatrical, or	<sup>·</sup> musical type of perj	<sup>r</sup> ormance of
<ul><li>Performance Choice 1:</li><li>Performance Choice 2:</li><li>Performance Choice 3:</li></ul>				
Virtual Performance Date:				
Performance Description, Purpose and N	∕lood:			
Arrival/Log-In Time: am/pm Audience Size: Type of Perf		m/pm <b>Performanc</b>	e End Time:	am/pm
Event Run-of-show details:				
Virtual Event Details:				

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

**Additional Comments/Notes** 



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