

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 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 Informati	on:			
Name of Company Ambassa	dor:			
Phone Number: Direct Line:		Cell Phone:	Company Line:	
Email:				
Performance Date:				
Performance Requests – Me interest. Please refer to the l • Performance Choice • Performance Choice • Performance Choice Performance Address:	Member Performance G e 1: e 2:		roup, vocal, theatrical, or musical type of perform	nance of
Street:	_ City/State:	Zip C	Code:	-
Performance Description, P	urpose and Mood:			
Arrival Time: am/pn Parking/Arrival Instructions		art Time: am/pn	n Performance End Time: am/p	
Security & Safety Protocols advance):	in Place that Performe	r <mark>s Must Follow</mark> (Ex: sho	w photo ID, Names of artists required 48 hours ir	 ז

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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	Other Needs	
Additional Comments/Notes		