



Performance Request Form

Contact's Name: _____ Email Address: _____

Organization's Name _____

Address: _____ Phone Number: _____ Voice or TTY _____

Fax Phone Number: _____ Website: _____

Your Date of Event: _____ Show Start Time: _____

Title of Workshop you would like Trix to present: _____

Title of Performance you would like Trix to do the show: _____

Your Location of Event: _____

Your Show's Address: _____

Your Stage's Name: _____ Email Address: _____

Your Target Audience: _____

Your Number of Potential Attendees: _____

Your Kind of Event: _____

Your Budget Range: _____

Is your event open to public? Yes No

Will this show be charged? Yes, Cost of Ticket: _____ No, Free Admission

Do you want this show to be voice interpreted? Yes No

Is your event planning to work with another performer at the same day? If Yes, who: _____

Name of Airport Close By: _____ How long/far from this to airport? _____

Host's Size of T Shirt: S M L XL

How did you find out about me? _____

What Else Can You Tell: _____

Send this Request Form To Trix Bruce, Performer

Info@TrixBruce.com

(360) 563-2469 FAX