



Performance Request Form

Contact's Name: _____ Email Address: _____

Organization's Name _____

Address: _____ Phone Number: _____ Voice ? TTY ? _____

Fax: _____ Website: _____

Your event date : _____ Show Start Time: _____

Title of workshop you would like Trix to present: _____

Title of show you would like Trix to perform: _____

Your event location: _____

Your event site's address: _____

Your stage manager's name: _____ Email Address: _____

Your target audience: _____ (Deaf? Hearing? Mixed? Adults? Children? Families?)

Your best estimate for number of potential attendees: _____

Your event type: _____

Your budget range (Please include traveling expenses): _____

Your sponsors: _____

Will your organization able to cover all of the accommodations? Yes No

Is your event open to the public? Yes No

Will there be an admission fee? Yes, Cost of Ticket: _____ No (Free Admission)

Do you want voice interpretation for this show? Yes No

During your event, will there be another performer or performers on the same day? Who?: _____

How will host transport Trix to the event? _____

Name of closest airport : _____ Distance between airport and event location? _____

How did you find out about me? _____

Please tell me more about your event: _____

Send this Request Form To Trix Bruce, Performer
Info@TrixBruce.com
(360) 563-2469 FAX