



Performance Request Form

Contact's Name, _____ Email Address: _____

Address: _____ Phone Number: _____ Voice or TTY _____

Fax Phone Number: _____ Website: _____

Your Date of Event: _____ Show Start Time: _____

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

- ★ Tales of A Mad, Mad, Mad ASL World
- ★ The Hearing World Around Me (with Kenan Pekoz)
- ★ A Handmade Treasury of Deaf Folktales
- ★ A Story Worth A Thousand Signs
- ★ Feelin' The Sound: Let Your Hands Do the Dance!

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: _____

- ★ Open/Closing Celebration
- ★ Conference
- ★ Festival
- ★ ★ Wedding
- ★ Award
- ★ Entertainment
- ★ Fund-Raising
- ★ Deaf Awareness Day

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

Do you want this show to be captioned? Yes No

Your Deadline Date to Accept Our Offer: _____

How did you find out about me? _____

Comments: _____

Send this Request Form To Trix Bruce, Performer
Info@TrixBruce.com
Fax Ph No: (425) 377-1894