

PERFORMANCE REQUEST FORM

PLEASE COMPLETE ALL INFORMATION AND EMAIL THIS FORM 3 WEEKS PRIOR TO YOUR EVENT TO: christine.lee@cpacs.org, 678-697-7520 OR, CPACS 77-936-0969, Ext. 126. YOU WILL BE CONTACTED TO DISCUSS YOUR EVENT AT OUR EARLIEST CONVENIENCE PRIOR TO THE SCHEDULED PERFORMANCE.

Requested By (Group/ Company): _____

Contact Person: _____

Address: _____

City: _____

State: _____

Zip: _____

Phone: () _____

Fax: () _____

Event: _____

Date: _____

Time needed: _____

Location: _____

Additional comments: _____

RATES: [Click here to download performance fee schedule.](#)

Performance fee Including car mileage, lodging, meal costs & others.

Checks should be made payable to: CPACS and must be forwarded in advance or a deposit with balance paid immediately following the completion of the event.

PLEASE DO NOT WRITE BELOW THIS LINE

Date received: _____ Total cost due: _____

Approved by Team Reader: _____