



APPEARANCE REQUEST FORM

Please fill out the following in order that we may process your request. All requests will be based upon availability and at the speakers' discretion.

NAME OF SCHOOL/ORGANIZATION _____

ADDRESS: _____

NAME OF EVENT: _____

DATE OF EVENT: _____ TIME OF EVENT: _____ HRS. NEEDED _____

LOCATION OF EVENT: _____

TYPE OF EVENT:

- School Non-profit/sorority/fraternity church other

PROFILE OF ATTENDEES: _____
(i.e. girls, boys, young adults, women, men & age range)

ANTICIPATED ATTENDANCE #: _____

DUTIES OF SPEAKER: _____

CONTACT PERSON: _____

PHONE: _____ EMAIL: _____

FAX TO: (704) 335-5886 or email: Janinespeaks@gmail.com