

Mascot Appearance Request Form

Group Name: _____

Contact Person: _____

Address: _____

Phone: _____
Fax: _____

Event: _____

Location: _____
Address: _____

Date: _____ Time: _____

Number Expected to Attend: _____

Description of Event:

Description of Mascot Involvement:

Non-Profit? Yes No

Will the media be present? Yes No

Changing room out of public view: _____

*The appearance is subject to availability.
The completion of this form does not constitute a commitment.*

---For office use---

Employee Host: _____ Approval Initials: _____