

Event Approved: [] Yes [] No Date Approved: ___

Appearance Request Form

Appearance Requested By: /	Print & Check Appropriate Inform	ation [] Indivi	dual [] Org	ganization	
[] Individual Name:					
	Email:				
[] Organization Name:					
Phone:	Email:				
Address:	City:		State:	Zip:	
EVENT INFO					
Name of Event:	Location of Event:				
Location Address:	City:_	City: State: Zip:			
Event Date:	Event Time: [Begin]	[End]	Est. Att	endance:	
Appearance Time: [Begin]	[End] Set Up Time <i>(if applicable)</i> :				
Description of Event (purpose	e, activities, etc.)				
Description of Dutch Springs	Role in Event:				
Name of Contact at Event (if	different from above):				
Event Day Phone: (please use on-site phone)					
Is event rain or shine? [] Y	es [] No If no, please list rain	ndate:			_
Additional Comments: If Requesting Mascot: Describe changing room	ply):] Youth Activities [] Rub-A-E n (please provide a clean, secure, ptable):	& private room fo	or the Mascot to		ble
We suggest having theIt is encouraged that the	cation out of costume approx. 15 Mascot's appearance scheduled ne Mascot not be the sole purpos filing of Activities and Mascot app	for the peak atter e of the event, bu	ndance period out rather an atte	of the event. ending "celebr	ity."
	ty, and other factors. Requests s le this time frame may not be gro		d at least 4 wee	ks prior to eve	ent
Signature		_			Date
FOR INTERNAL USE:					