



APPEARANCE REQUEST FORM

*Completion of this form is a request only and does not guarantee an appearance.
All requests must be submitted at least four weeks prior to the event.*

Please fill out completely.

Organization _____

Type: (Please circle) Charity Church Civic School Other

Address _____

City _____ State _____ Zip _____ County _____

Telephone _____ Fax _____

Contact Name _____ Contact Phone _____

Contact E-mail address _____

On-site Contact Name and Telephone (cell phone) _____

Event Name or Type of Event _____

Requesting: (Please check)

- Coaching Staff
- Player(s)
- Office Staff
- Dance Team
- Mascot

Event Sponsor/Underwriter _____

Event Date: _____ Event Time: From: _____ To: _____

Event Location/Address _____

City _____ State _____ Zip _____ County _____

Detailed Event Description _____

Detailed Description of Guest Responsibilities _____

Audience Size _____ Audience Age Range _____

*Please return completed form to:
Perri Travillion, Community Relations Coordinator
7800 Shoal Creek Blvd. Ste. 115W
Austin, TX 78757
Fax (512)236-8444 Phone (512)236-8333*