

DALLAS MAVERICKS DANCERS

Appearance Request Form

Organization _____

Type: (Please circle) Business Charity Church Civic School Other

Address _____

City _____ State _____ Zip _____ County _____

Telephone _____ Fax _____

Contact Name _____ Contact Telephone _____

Email _____

On-site Contact name and telephone (cell phone) _____

Event Name _____

Event Date _____ Event Time: From _____ Until: _____

Directions to Event: _____

Dance Team's Role at Event: **Meet/Greet** **Autographs** **Performance** **Posing for Photos**

Number of dancers requesting (minimum of two): _____

Audience Size _____ Age Range _____

**** I agree to provide security/supervision during the duration of the appearance****

Signature: _____

Please return completed form and directions to:

Kirsten Seiter, Operations Manager
2909 Taylor Street
Dallas, TX 75226

Fax (214) 672-1758

Phone (214) 658-7175

Email: kirsten.seiter@dallasmavs.com