



## 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 (4) weeks prior to the event.*

*Please fill out form completely.*

**Organization:** \_\_\_\_\_

**Type (Circle One):**    Charity                      Church                      Civic                      School                      Other

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_    **State:** \_\_\_\_\_    **Zip:** \_\_\_\_\_    **County:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_    **Fax:** \_\_\_\_\_

**Contact Name:** \_\_\_\_\_    **Contact Phone:** \_\_\_\_\_

**Contact Email Address:** \_\_\_\_\_

**On-site Contact Name and Telephone (Cell):** \_\_\_\_\_

**Event Name or Type of Event:** \_\_\_\_\_

**Requesting (Please Check):**

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

**Event Sponsor/Underwriter:** \_\_\_\_\_

**Event Date:** \_\_\_\_\_    **Event Start Time:** \_\_\_\_\_    **End Time:** \_\_\_\_\_

**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  
12885 N. Hwy 183 Ste. 207  
Austin, TX 78750  
**Fax:** (512)236-8444    **Phone:** (512)236-8333