



APPEARANCE REQUEST FORM

Completion of this form is a request only and does not guarantee an appearance.

**** All requests must be submitted at least 30 days prior to the event. ****

Please type or print. Fill out completely and attach a map with detailed directions.

Performance Team (Please circle):

Dance Team

Interactive Squad

Phat Cats

Organization Name: _____

Type of Organization: (Please Circle) Business Charity Church Civic School Other

Address _____

City _____ State _____ Zip Code _____ County _____

Telephone _____ Fax _____

Contact Name: _____ Contact Telephone: _____

E-Mail Address: _____

On-Site Contact Name and Telephone: (Mobile Phone) _____

Event Name or Type of Event: _____

Event Sponsor / Underwriter: _____

(All request must be for a minimum of one hour, not to exceed four hours (unless special arrangements are agreed upon).

Event Date: _____ Event Time: From: _____ Until: _____

Event Theme: _____

Event Description: (Please Specify: Who proceeds benefit?, Other Celebrities involved?) _____

What is expected from the team members during this appearance? _____

Event Location and Address _____

City _____ State _____ Zip _____ County _____

Please attach detailed directions to the Event from Uptown Charlotte: _____

Number of team members requesting (minimum of Two): _____ Audience Size: _____ Age Range: _____

I verify that the above information is correct.

(Signature) _____

Please return completed form, map and directions to:
Yaa Obeng, Game Operations & Broadcasting Coordinator
Charlotte Bobcats Corporate Office
129 West Trade Street, Suite 700
Charlotte, NC 28202
Phone: (704) 424-4330 Fax: (704) 372-7401
yobeng@bobcatsbasketball.com