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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 type or print. Fill out completely.

Organization _____

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

Address _____

City _____ State _____ Zip _____ County _____

Telephone _____ Fax _____

Contact Name _____ Contact Telephone _____

Contact E-mail address _____

On-Site Contact Name and Telephone (Cell Phone) _____

Event Name or Type of Event _____

Player(s) Requested _____

Event Sponsor _____

Appearance Fee _____

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

Event Day: (Please Circle) Sunday Monday Tuesday Wednesday Thursday Friday Saturday

Event Location and Address _____

City _____ State _____ Zip _____ County _____

Directions to Event from the CNN Center _____

Detailed Event Description (Please Specify: Who benefits?, Other Celebrities or Dignitaries?) _____

Detailed Description of Alumni's Responsibilities _____

Audience Size _____ Audience Age Range _____

Please return completed form to:

**Matt Schweers, Atlanta Hawks Community Affairs
101 Marietta Street Suite 1900 Atlanta, GA 30303
Fax # (404) 827-3042 Phone # (404) 827-3800**

ATLANTA HAWKS