



A-TOWN DANCERS

Appearance Request Form

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

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

Organization _____

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

Address _____

City _____ State _____ Zip _____ County _____

Telephone _____ Fax _____

Contact Name _____ Contact Telephone _____

E-Mail _____

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

Event Name or Type of Event _____

Event Sponsor /Underwriter _____

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 _____

Event Theme _____

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

Audience Size _____ Audience Age Range _____

**Please return completed form, map, and directions to:
Donni Frazier, Talent Coordinator, Atlanta Hawks
101 Marietta Street NW, Suite 1900 Atlanta, GA 30303
Fax: (404) 878-3595 Phone: (404) 878-3973**

