



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. 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: _____

Desired Appearance Time (1 hour) 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?) _____

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

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

Please return completed form, map, and directions to:

Donni Frazier, Atlanta Hawks
Centennial Tower 101 Marietta St. NW
Suite 1900 Atlanta, GA 30303

Fax # (404) 827-5597 Phone # (404) 827-3800
Email: atlantahawksdanceteam@atlantaspirit.com

HAWKS STAFF USE ONLY

Confirmation of Receipt: Date _____ Time _____ Via _____

Confirmed or Declined: Date _____ Time _____ Via _____

Scheduled: DT (#) _____ Time _____