



2008-2009 Player Appearance Request Form

Completion of this form is a request only and does not guarantee an appearance.
Please type or clearly print. Fill out completely. Please see Appearance Guidelines for more details.

Request For: Toronto Maple Leaf Toronto Raptor
Type: Charity School Business Other

Organization: _____

Contact Name: _____ Contact Daytime Phone () _____

Business Phone: () _____ Email: _____

Address: _____

City/Town: _____ Province: _____ Postal Code: _____

Event Name/Sponsor: _____

Event Date: _____ Event Location: _____

(Forms received without a specific date will not be considered)

Event Time: _____ Length of Event: _____

Event Address: _____

Event Description: _____

Player role/Function At Event *(Please be specific, i.e., autographs, speaking, etc.)* _____

Anticipated Audience Size: _____ Anticipated Audience Age Range: _____

Additional information (if applicable): _____

Please Return Completed From To: 40 Bay Street, Suite 400
Toronto, ON M5J 2X2
Fax: 416.359.9213