



**SEATTLE SONICS DANCE TEAM
APPEARANCE REQUEST**

Please complete this form to request an appearance by the Seattle Sonics Dance Team.
Please note that this form does not guarantee an appearance.
(All requests must be submitted 2 weeks prior to appearance date)

Organization: _____

Type: (please check one) Business___ Charity___ School___ Other___

Organization's Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

Contact Name: _____ Contact Phone: _____

Email: _____

On-Site Contact Name: _____ Cell Phone: _____

Event Title: _____

Event Date: _____ Event Day: _____

Appearance Arrival Time: _____ Departure Time: _____

Event Location and Address: _____

City: _____ State: _____ Zip: _____

Duties While At Event (please check):

Meet/Greet___ Autographs___ Performance___ Speakers___ Photos___

Number of Performances: _____ Number of Dancers Requested: _____

Audience Size: _____ Audience Age Range: _____

Please return by fax or email to Sabrina Chaudhry
schaudhry@sonics-storm.com/Fax# 206.272.2763