

Minnesota Timberwolves Crunch Appearance Request Form



Event name/organization name _____
(please include address) _____

Contact name and phone number _____

E-mail address _____

Date of requested appearance _____

Hours of requested appearance _____

Details of requested performance _____

Directions from Target Center _____

Approximate distance from Target Center _____

Are there any special Timberwolves merchandise requests? Yes No

If yes, please describe a description of the requested items and the quantity (additional costs may apply)

Is there a private room available for Crunch? Yes No

Will there be someone available to provide assistance to Crunch throughout the appearance? Yes No

Are there any special circumstances regarding this appearance? (if so, please explain)

I verify that the above information is correct.

(signature) _____