

**2002 Minnesota Timberwolves  
Extreme Team  
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 \_\_\_\_\_ Rate \_\_\_\_\_

Details of requested performance \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Directions from Target Center \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Approximate distance from Target Center \_\_\_\_\_

Are there any special Timberwolves merchandise requests? Y or N  
If Yes, please describe a description of the requested items and the quantity (additional costs may apply)  
\_\_\_\_\_

Is there a private room available for the Extreme Team? Y or N

Will there be someone available to provide assistance throughout the appearance? Y or N

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

I verify that the above information is correct.  
(signature) \_\_\_\_\_