



2011-2012 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 all fields and make requests at least 6-8 weeks in advance of the event.*

Event Type: Charity School Business Other

Name of Organization: _____

Contact Name: _____ Daytime Phone #: _____

Business Phone #: _____ Business Fax #: _____

Address: _____

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

Event Name: _____

Event Sponsor (If Applicable): _____

Event Date: _____ Event Time: _____ Length of Event: _____

(Please note: Requests received without a specific date will not be considered)

Event Location: _____ On-Site Contact: _____

Event Address: _____

Event Description/Player Role: _____

Anticipated Audience Size: _____ Anticipated Audience Age Range: _____

Specific Directions to Event (From ACC): _____

Please Return Completed Form To:

50 Bay Street, 5th Floor
Toronto, ON M5J 2X2
Fax: 416.359.9213