



Alumni Association Appearance Request Form

Completion of this form is a request only and does not guarantee an appearance.
\*\*All requests must be submitted at least four weeks prior to the event\*\*

Please type or print. Fill out completely.

Organization \_\_\_\_\_

Type: (Please Circle) Business Charity Church Civic School Other

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

Contact Name \_\_\_\_\_ Contact Telephone \_\_\_\_\_

Contact E-mail address \_\_\_\_\_

On-Site Contact Name and Telephone (Cell Phone) \_\_\_\_\_

Event Name or Type of Event \_\_\_\_\_

Player(s) Requested \_\_\_\_\_

Event Sponsor \_\_\_\_\_

Event Date \_\_\_\_\_ Event Time: From: \_\_\_\_\_ Until: \_\_\_\_\_

Event Day: (Please Circle) Sunday Monday Tuesday Wednesday Thursday Friday Saturday

Event Location and Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_

Specific Event details (parking, specific entrance, dress code etc) \_\_\_\_\_

Detailed Event Description (Please Specify: Who benefits?, Other Celebrities or Dignitaries?) \_\_\_\_\_

Detailed Description of Alumni's Responsibilities \_\_\_\_\_

Audience Size \_\_\_\_\_ Audience Age Range \_\_\_\_\_

We ask for a minimum appearance fee of \$750.

Please return completed form to:
Rebecca Winn, Washington Wizards
601 F Street, NW 4th Floor, Washington DC 20004