PERSON REQUESTED: Stinger DATE SUBMITTED: _____

ORGANIZATION MAKING REQUEST: _____

CONTACT: _____ PHONE: _____

ADDRESS: _____

FAX NUMBER: _____ E-MAIL: _____

CBJ CONTACT (DEPT.): Jason Zumpano PHONE: 614-246-4152

EVENT INFORMATION

EVENT NAME: _____

DATE: _____ TIME: _____ EVENT LENGTH: _____

LOCATION: _____ INDOORS/OUTDOORS: _____

APPEARANCE COMPENSATION (AMOUNT): _____ TRANSPORTATION PROVIDED: _____

DIRECTIONS: _____

_____

_____

EVENT DESCRIPTION: _____

_____

_____

_____

CONTACTS AT EVENT (CBJ AND/OR EVENT): _____

AUDIENCE INFORMATION

NO. OF PARTICIPANTS: _____ AGE OF AUDIENCE: _____ OTHER: _____

CBJ PARTICIPATION

PARTICIPANT'S RESPONSIBILITIES: _____

_____

RECOMMENDED ATTIRE: _____