



THRASH APPEARANCE REQUEST FORM

Completion of this form is a request only and does not guarantee an appearance.

**** All requests must be submitted at least 30 days prior to the event. ****



**PLEASE TYPE OR PRINT. FILL OUT COMPLETELY.
PLEASE ATTACH A MAP AND DETAILED DIRECTIONS.**

Organization: _____

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

APPEARANCE FORMAT:

_____ Meet/Greet	_____ Photos
_____ Autograph	_____ Other <i>(Please explain briefly)</i>

Address: _____

City: _____ State: _____ Zip: _____ County: _____

Contact Name: _____ Contact Phone: () _____

E-mail Address: _____

On-Site Contact Name and Telephone (Cell Phone): () _____

Event Name or Type of Event: _____

Event Sponsor / Underwriter: _____

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: _____

Directions to Event from the CNN Center: _____

Event Theme: _____

Event Description (Please Specify: Who benefits?, Other Celebrities or Dignitaries?): _____

Mascot (s) Role at Event: _____

Audience Size: _____ Audience Age Range: _____

Please return completed form, map, and directions to:

**James Wood, Mascot Coordinator
Atlanta Thrashers
101 Marietta Street NW, Suite 1900
Atlanta, GA 30303
Fax: (404) 878-3595 Phone: (404) 878-3769**