



Community Appearance Request Form

PLEASE COMPLETE THE FOLLOWING INFORMATION

Who are you requesting to attend your event?

Winger

Players

Staff

Note: All requests must be received at least two weeks prior to your event, if not sooner.

Contact Information

Organization/Company Name: _____

Contact Name: _____

Address: _____ Postal Code: _____

Phone: () _____ Fax: () _____

Email: _____

Specific Details of Function

Date of Event/Function: _____

Time personality is requested: Start: _____ End: _____

Type of Function: (i.e. Minor Hockey Day, Grand Opening): _____

Where is the function going to be held? _____

Name of Place: _____

Address: _____

Postal Code: _____

Phone #: () _____

To ensure a safe, convenient, and hassle-free visit by the individual(s) who will be attending; Americans' staff request the following:

- 1) That a spacious room be made available in the vicinity of the function/party to be used by Winger to change into and out of his gear. **(i.e. bathroom stalls are not sufficient)**
- 2) A person must be assigned to meet staff when they arrive, to direct them during the duration of their stay, and to cater to their required needs while they are at the function. This person must be 18 years of age or older.

I, the undersigned, agree to the conditions of the Top Shelf Entertainment, Inc. as outlined above and agree that all bookings are considered tentative until the contact by an Americans' representative.

Contact Signature: _____

Date: ___/___/___

Americans: _____

Date: ___/___/___

FOR OFFICE USE ONLY

Appearance Confirmed: Yes No

Staff: _____