

**Atlanta Dream Shooting Stars Cheer Team
Appearance Request Form**
(Please print clearly or type. Fill out completely.)

All requests must be made at least four weeks prior to the event.

*Event Date (include day): _____ *Start Time: _____ *End Time: _____

*Name of Requesting Organization: _____

*Type of Organization (Church, Charity, Civic, For Profit, please include 501c (3) form if applicable): _____

*Organization's Address: _____

*Event Name (if any): _____

*Event Sponsor(s) (if any): _____

*Event Location: (Address if different than above): _____

*Please attach directions or include in the event location (above).

*Contact Info: (Who is making the request, email address and contact's name and cell number on day of event): _____

*Request / Event Specifics (What you are expecting?) _____

*Audience Size: _____

*Audience Age Range: _____

*E-mail address: _____ *Daytime Phone: _____

Important!
Reminders will be sent from information on this form. Please make certain all information is detailed and legible. Atlanta Dream CANNOT be held responsible if an individual is late or fails to fulfill this request.

Please return completed form to:
Sarah Davis, WNBA Atlanta Dream
83 Walton Street, 5th Floor Atlanta, GA 30303
Fax: 404-954-6666 Phone: 404-954-6651 ShootingStars@AtlantaDream.net

