



Mayhem Performance Request Form

Completion of this form is a request only and does not guarantee a performance

****All requests must be submitted at least thirty (30) days prior to the event****

Please type or print legibly.

Organization Name _____

Type of Organization: Business Charity School Other*

*Please Specify _____

Contact Name _____ Contact Telephone _____

Event Name _____ Type of Event _____

Event Date _____ Event Start Time _____ Event End Time _____

Event Location _____

Address, City, State, Zip _____ County _____

On-site Contact (if different from above) _____ Telephone/Cell _____

Event Description (i.e. who benefits; who will be in attendance) _____

What is the Mayhem's role at the Event (please check all that apply):

Perform dance routine Sign autographs Take photos with guests Other*

*Please specify _____

Number of guests expected _____ Age range of guests _____

Would you be interested in having a Mystics Sales Table set up at your event? Yes No

Please return completed form & directions to the following address:

**Mayhem
Washington Mystics
627 N. Glebe Road
Suite 850
Arlington, VA 22203**

Or fax to 202-266-2220