

APPEARANCE REQUEST FORM

(Must be Completed)

ALL appearances are fee based.

Scheduled fee disclosure will follow upon approval of request form.

Corporate/Company/Organization Name: _____

City: _____ State: _____ Zip: _____

Contact Name: _____

Contact Phone: _____ Fax: _____

Desired Date of Appearance: _____ Time: _____

(length of event)

Desired Location: _____

(Include name, city, state)

Check all that apply:

___ Charity Dinner/Event

___ Church Organization

___ Corporate Appearance
(dinner, office, event)

___ Birthday

___ Meet and Greet
(dinner, office, event)

___ Bat-mitzvah

___ Private Box Appearance
(sporting events)

___ School

___ Private Organization

___ Other: _____

Explanation of appearance request:

_____.

Please fax all requests to: 636.922.5505

Or e-mail to: strawmarketing@aol.com

All flights, hotel accommodations, transportation and meal allowances are the responsibility of the party booking the event. All flights must be direct flights and approved before booking to avoid scheduling conflicts.