

## Artizen Management Group Player Appearance Request Form

Completion of this form is a request only and does not guarantee an appearance. Please type or print. Fill out completely. Please be advised that all Player Appearances are for no more than 2 hours (unless prior written notice by AMG and Player).

Name of Organization: \_\_\_\_\_

Organization Type: Business \_\_\_\_\_ Charity \_\_\_\_\_ Civic \_\_\_\_\_ School \_\_\_\_\_ Other \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Contact Person \_\_\_\_\_ Contact Phone \_\_\_\_\_

Name of Event: \_\_\_\_\_

Event Sponsor/Underwriter: \_\_\_\_\_

Budget for Athlete Appearance (if non-charitable): \_\_\_\_\_

Event Date: \_\_\_\_\_ Event Day: \_\_\_\_\_

Event Time: \_\_\_\_\_ Length of Event: \_\_\_\_\_

Event Location \_\_\_\_\_

On-Site Contact Person: \_\_\_\_\_

Event Theme (if any): \_\_\_\_\_

Event Description (be very specific, i.e. Autographs, Motivational Talk, etc.):

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Athlete's Role/Function at Event:

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Event Size (Audience): \_\_\_\_\_ Age Range of Event (Audience): \_\_\_\_\_

Recommended Attire: \_\_\_\_\_

Will food and/or beverages/water be provided: \_\_\_\_\_

# of Players Required for Event: \_\_\_\_\_

**Please return completed form to: Artizen Management Group Player Appearances, 150 N. Radnor  
Chester Rd., Radnor, PA 19087**