



Organization: _____

Type of Organization: Business Non-Profit Group Church Civic School Other: _____

Contact Name: _____ Contact Phone: _____

E-Mail: _____

Address: _____

Event Name: _____

Event Description: _____

Date of Appearance: _____ Estimated Crowd Size: _____

Appearance Start Time: _____ Appearance End Time: _____

Location of Appearance: _____

Appearance Address: _____

City: _____ State: _____ Zip: _____

Contact/Phone Number on Day of Event: _____

Directions from UW-Whitewater: _____

Estimated Travel Time from UW-Whitewater: _____

Signature: _____ Date: _____

(Person responsible for event)

Please email this completed Appearance Request Form to kennedyt@uww.edu or mail to **100 Williams Center Attention: Therese Kennedy, 800 W. Main Street, Whitewater, WI 53190**

A fee may be charged for events/appearances

Completion of this form is only a request, and does not guarantee a mascot appearance. Requests should be made at least 4 weeks in advance, and are encouraged as early as possible.

*******DO NOT WRITE BELOW THIS LINE*******

CONFIRMED REQUEST INFORMATION: _____

COST ESTIMATE: (This is NOT an Invoice - Please wait to be billed)

Mileage (_____) = \$ _____
Personnel (\$15/Hour) (_____) = \$ _____
Appearance Fee (_____) = \$ _____

Approved By _____ Date _____