MASCOT REQUEST FORM

*Please submit request(s) for mascot appearance **one (1) month** in advance. Requests will be prioritize by mascot committee. Priority will be given to Host Society events. Appearances will be limited to twenty (20) minute intervals.

If you have any questions please contact Chantal Gallant, Community Relations Coordinator by phone at 490-2592 or by e-mail at Chantal.gallant@canadawintergames2011.ca

Name of event:

Request by (division/ organization/ community group/ business):

Date required:

Expected number of participants / spectators:

Location of Event:

Please identify the nature of the event: (i.e. general / sport/ sponsor, etc):

Performance time(s) requested:

What duties will the mascot have at your event? (i.e. entertaining children etc.)

Are there change room facilities available? **Yes** ◯ **No** ◯
Must be private changing rooms and be able to lock during performances

Name of contact person:

Contact Phone Res. # **Bus. #** **Fax #**

Email Address:

Requester's Authorization: **Date:**

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Office Use Only:

We have confirmed the following Mascot volunteers for the above request:

Name: _____ Contact Information: _____

Host Society Authorization: _____ Date: _____