



PLAYER APPEARANCE REQUEST FORM

PLEASE REVIEW THE FOLLOWING GUIDELINES BEFORE SUBMITTING YOUR PLAYER APPEARANCE REQUEST.

- Identify the specific date & time you would like the Atlanta Dream personality to attend.
- Submitting a request does not guarantee an appearance. If someone is available, a confirmation will be made 2 weeks prior to your event.
- Appearances outside the metro Atlanta area will NOT be considered.
- Appearance requests must be submitted six (6) weeks in advance of the event.
- Preference will be given to organizations that provide a meaningful, interactive role for the player and to groups of 100 plus.
- There must be a clear role for the person at the event (ex. reading books, conducting drills, speaking on a specific topic, etc.)

*Event Date (include day): _____ *Start Time: _____ *End Time: _____

*Name of Requesting Organization: _____

*Type of Organization (please include 501c (3) form if applicable): _____

*Organization's Address: _____

*Event Name (if any): _____

*Event Sponsor(s) (if any): _____

*Event Location: (Address if different than above):

*Contact Name: (Contact information of person who will be contact on day of event):

E-mail address: _____

Cell Phone: _____

Daytime Phone: _____

*Atlanta Dream Player(s) Requested: _____

Budget for Appearance: \$ _____

*Event Specifics (What role will the player perform? For example, autograph session, speech, Q&A session, etc.): _____

*Audience Size: _____

*Audience Age Range: _____

Important!

Please make certain all information is detailed and legible. The Atlanta Dream CANNOT be held responsible if an individual is late or fails to fulfill this request.

Please return completed form to:

**Sprague Paynter, Atlanta Dream Community Relations
225 Peachtree Street NE , Suite 2400
Atlanta, GA 30303**

Fax: 404-965-2984 | CommunityRelations@AtlantaDream.net