



## GOLDIE APPEARANCE REQUEST FORM

Completing of this form is a request only and does not guarantee an appearance. We must receive request forms **3 weeks prior to event**. Please print clearly & fill out completely.

EVENT NAME: \_\_\_\_\_

EVENT DATE: \_\_\_\_\_ START TIME: \_\_\_\_\_ END TIME: \_\_\_\_\_

EVENT LOCATION (VENUE): \_\_\_\_\_

EVENT ADDRESS: \_\_\_\_\_

ON-SITE CONTACT NAME & CELL NUMBER: \_\_\_\_\_

MEDIA IN ATTENDANCE? (Y or N): \_\_\_\_\_

EVENT DESCRIPTION: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

GOLDIE'S EXPECTED ROLE AT EVENT (Please be specific, i.e. autographs, cheerleading, etc.):

\_\_\_\_\_

\_\_\_\_\_

ANTICIPATED AUDIENCE SIZE: \_\_\_\_\_ AUDIENCE AGE RANGE: \_\_\_\_\_

ORGANIZATION NAME: \_\_\_\_\_

TYPE: \_\_\_\_\_ Charity \_\_\_\_\_ School \_\_\_\_\_ Business \_\_\_\_\_ Other

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ PROVINCE: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_

PHONE: (Day) \_\_\_\_\_ (Evening) \_\_\_\_\_

FAX: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

CONTACT NAME: \_\_\_\_\_ DATE REQUEST SENT: \_\_\_\_\_

\* Attach brochure or other event information if possible. Preference is given to events that are related to children's charities.

Due to the volume of requests we receive, please allow a minimum of 1 week to respond

Please return completed forms to:

**GOLDIE – WINNIPEG GOLDEYES BASEBALL CLUB**  
ONE PORTAGE AVENUE EAST, WINNIPEG, MB R3B 3N3  
FAX: (204) 982-2274