



**Real Salt Lake
Mascot Appearance Request Form**

REQUESTING ORGANIZATION INFORMATION

Organization _____

Address _____

City _____ State _____ Zip _____

Contact Name and Title _____

Telephone _____ Fax _____

Cell Phone _____ Email _____

APPEARANCE / EVENT INFORMATION

Request for: Mascot Appearance Fee: Paid/Amount \$_____ Non-Paid

Event Name _____

Date _____ Time of Event _____

Event Address / Location _____

Type of Event / Role _____

Number and Age of Attendees _____

Type of Promotion / Relationship with organization _____

DEPARTMENTAL INFORMATION (for RSL office use only)

Requested by _____ Dept. _____

Office # _____ Cell # _____

Director Approval _____ Date Submitted _____

Please email this form to jlevitt@realsaltlake.com fax to 801-727-1469; or mail to Real Salt Lake, attention: Justin Leavitt, 9256 South State St., Sandy, UT 84070. Thank you.