



SAIT TROJANS

“TROY THE TROJAN WARHORSE” MASCOT APPEARANCE REQUEST FORM



All forms for appearances must be received in writing with a minimum of two (2) weeks' prior notice. Confirmation will be sent via email upon receipt of this form. Please note: filling and sending this form does not guarantee the appearance of our mascot at your event.

Date:

Organization:		
Contact:		
Address:		
Telephone:	Fax:	
E-mail:		
Name of Event:		
Date of Event:	Expected Attendance:	
Location of Event:		
On-Site, Pre-Event Meeting Area:		
Needs: (please check your choice)	<input type="checkbox"/> Troy with performer \$30/hour	<input type="checkbox"/> Requesting Troy's appearance for non-profit community events (No Charge)
Are you able to provide parking? Yes___No___	Location (if yes):	
On-Site Contact Name:	Tel/Cell During Event:	
Event Start Time:	Event Finish Time:	
Mascot Appearance Start Time:	Finish Time:	
Type of Performance Requested: (e.g. parade, meet/greet, indoors/outdoors...)		
Recommended Costume Changing Location:		

Please return form to:

CORY FLETT

SAIT Athletics Community Relations & Game Operations

e-mail: cory.flett@sait.ca

Tel: (403) 284-8187

For office use only

Received Form On:

Confirmation from Troy Performer: