

Date Requested: _____

Info Taken By: _____



Mascot Request Form

Client: _____ Date and time of Event: _____

Contact Name: _____

Time requested for mascot presentation: _____

Address: _____

Phone: _____ FAX: _____

Cell Phone: _____

Talent Requested: **(Will Read)** _____
(Does this require TDA staff member or will you provide individual?)

Event Purpose: _____

Location of Event: _____

Activity: _____

Directions to Event: _____

Comments _____

Please return completed form to: The Discovery Alliance, 56 S. Washington St., Suite 302, Valparaiso, IN 46383 or fax a copy to 219-477-5645.