



Appearance Request Form

Completion of this form is request only and does not guarantee an appearance.
All requests must be submitted two weeks prior to your event

Please type or print legibly. Fill out this form completely to help us give you the best possible experience.

Organization _____

Type of Appearance _____

Contact Person _____ Contact Phone Number _____

Event Name _____

Event Date _____ Event Time frame: From _____ Until _____

Event Address _____

City _____ State _____ Zip _____ County _____

On-Site Contact Person _____ Contact Phone Number _____

Event Description (Who benefits? Will there be any celebrities or dignitaries?)

Mascot's Role at Event _____

Audience Size _____ Audience Age Range _____

Please return completed form with directions to:

Andres Baines
Email: abaines@chicagosky.net
Phone: 312.994.5964

-OR-

Erika Swilley
Email: eswilley@chicagosky.net
Phone: 312.994.5961
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