

# Cavs Dance Team

## Appearance Request Form

Please type or print. Fill out completely. Please attach detailed directions and map. The CAVS Dance Team only has a specific amount of non-paid requests each season, please specify that below.

Organization/Individual Requesting (if applicable):

Type: (please circle) Business/Corp    Charity    Church    Civic    School    Other

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (day) \_\_\_\_\_ (evening) \_\_\_\_\_

Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Contact Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

On-site Contact Name and Phone (Cell Phone): \_\_\_\_\_

Event Name/Type of Event:

\_\_\_\_\_

Event Sponsor: \_\_\_\_\_

Event Date: \_\_\_\_\_ Event Time: From \_\_\_\_\_ Until: \_\_\_\_\_ (minimum of 1 hour)

Event Day: (please circle) Sunday    Monday    Tuesday    Wednesday    Thursday    Friday    Saturday

Event Location and Address:

\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Event Theme: \_\_\_\_\_

What would you like the Cavs Dance Team to do at your Event: (please circle)

- Meet/Greet Autographs    • Performance    • Speaking to Group    • Posing for Photos

Number of dancers requesting (minimum of three): \_\_\_\_\_ Audience Size: \_\_\_\_\_ Age range: \_\_\_\_\_

Specific Dancers Requested: Please list by name:

Event will pay each dancer \$ \_\_\_\_\_ per hour or each dancer will receive: (please circle)    Gift for attending    Free Request

Please return completed form and directions to:

Shelby McClure  
Fax: 580.353.1619  
Phone: 580.353.CAVS (2287)  
Cell: 405.923.8440  
E-Mail: dancer2156@aol.com

*This request form is a request only and does not guarantee an appearance by the Lawton-Ft. Sill Cavalry Dance Team  
\*\*All requests must be submitted at least two weeks prior to the event and paid in full before the event date\*\**