



Jinx Mascot Request Form

Internal Request External Request Date Request Received: _____

Organization: _____ Contact Person: _____

Address: _____

Phone: (____) _____ - _____ City: _____ State: ____ Zip: _____

Event Name: _____ Event Time/Date: _____

Event Location/Directions: _____

On-Site Contact: _____ Phone: (____) _____ - _____

Change Facilities Available On-Site: Yes No Parking: Yes No

Refreshments and Snacks Available On Site: Yes No

Transportation Required: Yes No Distance: _____ miles

Method of Payment (If applicable): Account Number: _____

Send invoice to: _____

Performance Requirements

Describe the event: _____

Who is the audience? _____ Age group? _____

What would you like Jinx to do? _____

What other activities will be taking place? _____

For Office Use Only

Confirmation Date: _____ Late Booking Fee: Yes No
Assigned Performer: _____ Phone: _____
Comments: