



Mascot Request Form



Name: _____

Organization: _____

Department (if on WU campus): _____

Contact Phones (required): Office: _____ **Cell:** _____

Contact Email: _____

Date of Requested Appearance: _____

Time of Requested Appearance: _____

Duration of Appearance (not to exceed 3 hours): _____

Name of Event: _____

Event Location: _____

Describe the event you are requesting a mascot appearance for:

Describe specifically what you will have the mascot doing at your event.

Additional requests or details related to event: _____

