

BUZZ APPEARANCE REQUEST FORM

REQUESTED BY

Name: _____

Phone: _____

Mail: _____

Today's Date: _____

- Business
- Charity
- School
- Other

APPEARANCE INFORMATION

Name of Event: _____

Address: _____

City/State: _____

Event Date: _____ Event Time: _____

Desired Appearance Time: _____

Event Theme: _____

Audience Size: _____ Audience Age Range: _____

Contact Name: _____

Contact Phone: _____

Contact E-Mail: _____

What Is BUZZ Expected To Do? (Please Describe)

DIRECTIONS & OTHER INFORMATION

Please Give Directions To Location:

BUZZ Appearances Are FREE For All School Or Charity Functions

BUZZ Loves Kids & Signs Autographs

All Appearance Request Must Be Submitted 2 Weeks Prior To Appearance Date

Completion Of This Form Is A Request Only And Does NOT Guarantee An Appearance

PLEASE FAX ALL REQUESTS TO 1-800-268-0512

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