



**Real Salt Lake
Player/Coach Appearance Request Form**

REQUESTING ORGANIZATION INFORMATION

Organization _____

Address _____

City _____ State _____ Zip _____

Contact Name and Title _____

Telephone _____ Fax _____

Cell Phone _____ Email _____

APPEARANCE / EVENT INFORMATION

Request for: Player/Number ____ Coach Appearance Fee: Paid/Amount \$ _____

Player(s) / Coach Requested _____

Event Name _____

Date _____ Time of Event _____

Event Address / Location _____

Type of Event / Player Role _____

Player Attire: _____ Number and Age of Attendees _____

Type of Promotion / Relationship with organization _____

DEPARTMENTAL INFORMATION (for RSL office use only)

Requested by _____ Dept. _____

Office # _____ Cell # _____

Director Approval _____ Date Submitted _____

Please email this form to: tnelson@realsaltlake.com, or fax to 801-933-4713; or mail to Real Salt Lake, attention: Teresa Nelson, 515 South 700 East Suite 2R, SLC, UT 84102. Thank you.