



Appearance Request Form

Completion of this form is a request only and does not guarantee an appearance
Please submit information 4 to 6 weeks prior to event

Please Type or Print Clearly

Today's Date _____

ORGANIZATION INFORMATION

Type of Organization: School Charity Church Business Civic Other _____

Organization Name: _____ County: _____

Address: _____ City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

Email: _____ Website: _____

Contact Name: _____ Contact Title: _____ Contact Number: _____

EVENT INFORMATION

Event Name: _____ Sponsored by: _____

Event Day: _____ Event Date: _____ Start Time: _____ End Time: _____

Event Address: _____ City: _____ State: _____ Zip: _____

Event Location (i.e. indoors, gym, field, etc.): _____

Description of Event (i.e. school assembly, little league game, etc.): _____

Audience Size: _____ Audience Age Range: _____

On-site contact name: _____ On-site contact number: _____

EXPECTATIONS

Earl's Role/Function at the event (ex. autographs, theme talk, etc.) _____

Recommended Attire (i.e. warm-up, black tie, etc.) _____

Time limit for Earl (i.e. 30 min., 1 hour, etc.) _____ No time limit

Please return the completed form along with your cover letter to:
Divine Direction Foundation, Inc. - P. O. Box 1423 - Bessemer, Alabama 35021

Thank you for your interest in making Divine Direction Foundation a part of your event!

If you have any questions before submitting your request, please feel free to contact us.

Upon receipt of the Appearance Request Information, please allow 5-7 business days to receive a response to your request.