



## PLAYER/COACH APPEARANCE REQUEST FORM

Complete this form in its entirety and return it to the Community Relations Department at minimum **SIX WEEKS** in advance of the publicity deadline or date of the event itself, whichever is first.  
*D.C. United 2400 East Capitol Street, S.E. Washington, D.C. 20003; 202-587-5000 main 202-587-5400 facsimile*

### REQUESTOR INFORMATION

Organization Name: \_\_\_\_\_ Organization Contact: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip Code: \_\_\_\_\_

Contact's Phone (work): \_\_\_\_\_ Contact's Phone (cell): \_\_\_\_\_

Contact's Fax: \_\_\_\_\_ Contact's Email: \_\_\_\_\_

### APPEARANCE INFORMATION

Date of Event: \_\_\_\_\_ Name of Event: \_\_\_\_\_

Specific Appearance Request:

Player  Coaching Staff  Front Office Staff  Other \_\_\_\_\_

Time of Event: \_\_\_\_\_ Time of Appearance: \_\_\_\_\_

Location of Event: \_\_\_\_\_ Estimated Driving Time from RFK: \_\_\_\_\_

Purpose of Event: \_\_\_\_\_

Description of Individual's Involvement: \_\_\_\_\_

Expected # of Persons in Attendance: \_\_\_\_\_ Demographic Breakdown: \_\_\_\_\_

Promotion of Event: \_\_\_\_\_

Promotional Items:  Yes; # \_\_\_\_\_  No Appearance Fee:  Yes; \$ \_\_\_\_\_  No

### APPEARANCE APPROVAL (FOR D.C. UNITED USE ONLY)

Date Submitted: \_\_\_\_\_ Date Approved: \_\_\_\_\_

Requesting Staff Member: \_\_\_\_\_ Department Head's Approval: \_\_\_\_\_

Day-of-Event Staff Member: \_\_\_\_\_ Day-of-Event Phone (cell): \_\_\_\_\_

Player/Coach/Front Office Staff to Appear: \_\_\_\_\_

***PLEASE REMEMBER TO PROVIDE TYPED DIRECTIONS FROM RFK STADIUM  
(separate page)!!! AND PLEASE DO NOT USE MAPQUEST.***