Appearance Request Form (The Appearance Fees are pre-determined and can be reviewed online. Submit requests four weeks prior to appearance to Spirit Coordinator, Lori Kemmet, at fax # 405-325-4151)

Your Name:		_ Phone: ()	Email:
Address:	City, ST, Zip:			
Name of Organization	:		Fax: ()
	University of Oklahoma Department or GroupPublic School or Non-Profit/Charitable OrganizationPrivate			
Spirit Squad Members *Mascot	requested (please *Cheerleaders		hat apply): Squad	
Size of group requeste	-		1 or 2 Small or La	arge
Description of Promot	onal/Fundraising	Activity (A	Attach copy o	of flyer if available):
Date of Activity:	City a	and Site of	Activity:	
•	•		-	
-	efits, if any, will the	-		ive while participating?
Mileage:		e = \$	Ot	her:
Will the activity requir (If so, you must provide a s			No	
Will there be any other activity? Yes No	•	tions involv	ved in spons	oring or promoting the
Signature of Organization	ı's Representative	Date		*Completion of form does not guarantee accommodation

Please print and FAX this request. You will receive a reply within 5 days. Thank you for your interest in promoting OU Athletics.