

Appearance Request Form

Date Submitted: _____

What type of appearance is being requested: *(examples: school assembly, elderly care facility, parade)*

Number of possible attendants: _____

Potential Date(s) & Time(s): ** *Thursday's are preferred by the Phil's Handlers*

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Location of Appearance: _____

Contact Name: _____

Contact Phone Number: _____

Contact Email Address: _____

Please allow one week from submission date for response to request. Any Questions please contact:

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