



Appearance Request Form

Title of the Event: _____

Date: _____

Start Time: _____

End Time: _____

What time would you like us to arrive? _____

Event Location and Address: _____

Please describe your event: _____

How many Gulls Girls would you like to attend the event? _____

What would you like us to do at your event? (i.e.; hostess, perform, promote, sell, etc.) _____

What is your estimated budget for the appearance, or is this a charity event? _____

Do you have any additional requests, or helpful information regarding this event? _____

Requested by: _____ Phone: _____

How did you hear about us? _____

*Please fax to the San Diego Gulls Girls
619-224-3010*