Las Vegas Aviators

Mascot Appearance Request

If you would like to request a mascot appearance for an event, please complete and submit this form four (4) weeks prior to your request fulfillment date.

AVIATORS

Appearance Information

Requested Mascot: Aviator I	☐ Spruce Goose	☐ Either	☐ Both (if available)	
Date: Mascot Start Time (one-hour appearance):				
Event Type/Name:				
Mascot's Role:				
Event Location/Address:				
Event Description:				
			Dressing Area?: ☐ Yes	□ No
Organization Information	n			
Organization Name:				
Tax Exempt No. / 501(c)(3), if applicate	ole:			
Type: ☐ Sports & Recreation	☐ Youth Gro	up	☐ Education	
☐ Faith	☐ Other (spe	cify)		
Contact Information				
Name:	Organization	al Role:		
Address:				
City:	State:		Zip Code:	
Phone:	Email:			
Day-Of Contact (if different than above	ve, including mobile	telephone nu	mber):	

Please email completed form to: MascotRequest@aviatorslv.com

^{*}Mailed/Phoned/Faxed requests will NOT be accepted.

^{*}Completion of this form does NOT guarantee an appearance.

^{*}Appearances are made based upon availability and are one (1) hour in length.

^{*}A member of Las Vegas Aviators team will confirm receipt of request.