

Thank you for your interest in the Texas Stars Hockey Team. Due to the rigorous practice and travel schedule our players maintain, we cannot guarantee that every appearance request will be fulfilled. In order to ensure that we can process your request in a timely manner, please complete all information and return to the Texas Stars Foundation by the 15th of the month prior to your appearance request date. With such an overwhelming demand, we cannot visit the same location more than once per season. Appearance requests will not be fulfilled after the end of the regular season.

Organization Information

Organization Name	(Organization Mission
Organization Contact		Position
Contact Phone ()	Contact Email	
Fax Number ()	Organization Address	
City State Zip	_ 501(c)(3) Status Yes No	EIN
Have the Texas Stars visited your lo	ocation before? Yes No If yes, e	explain
Event Details		
Event Name	Event Locatio	n
Estimated Attendance at Event Event Date / / Age range of Audience		
Activity (if specified)		
Do the participants have a signed position kindly ask that participants or their		guardian if under 18?) Yes No - If not, we oto waiver from the Texas Stars.
Report time for Players	Event run time	Event end time

This form will not be considered complete unless the following is attached:

- A map of your location
- A signed letter on site letterhead indicating that audio/visual photography from the event may be used for Foundation purposes, including community reports and videos/photo clips shown during a Texas Stars game.
- The name and direct phone of at least one person who will meet the players and Foundation representative on site during the appearance.