



COMMUNITY APPEARANCE REQUEST FORM

Organisation: _____

Contact Name(s): _____

Day Phone: _____

Mobile Phone: _____

Email: _____

Address: _____

Suburb: _____

State: _____

Postcode: _____

Please select from the following which programs you would like to request:

GC SUNS Inflatable Roadshow

Speaker

GC SUNS Inflatable Field

School Visit

Community Event

Club Visit

Interview

Other _____

Event / Reason for visit: _____

Day or Date Requested: _____

Preferred Start & Finish Time: _____

Venue: _____

Address: _____

Suburb: _____

State: _____

Postcode: _____

Additional Information: _____

Note: All requests must be submitted at least 4 weeks in advance. Submission of request does not guarantee a player appearance. All request will receive an email response within two weeks of receipt of request. Confirmation of appearance will occur 7 days prior to the event. Specific player requests cannot be guaranteed and whilst all endeavors will be made to accommodate your request as soon as possible, please be aware that limited player resources are available.

PLEASE RETURN THIS FORM BY FAX (07) 5594 1354 OR EMAIL promotions@goldcoastfc.com.au

OFFICE USE ONLY:

Category Level _____

Players Allocated _____

Approved by: _____