

Mascot Request for Appearance

Requested by: _____ First M.I. Last
Department/Organization: _____ Phone #: _____
Email: _____
Event: _____ Event Date: _____ Event Time: _____
Event Location/Address: _____
If different than the requestor, name of contact for the event: _____
Requested Time (Please note that Swoop is only available for 30 minutes time slots) : _____
<i>I affirm that I have read, understand, and agree to this form in its entirety and that the information supplied is true and complete.</i>
Requestor: _____ Print Name Signature Date

Event details/Purpose of the mascot appearance:

All requests must be submitted by email to Kathryn Mahoney in the Office of Student Life
at Kathryn.Mahoney@ccd.edu

Requests will be filled based on Swoop's availability. The requestor will be contacted once the
mascot's availability is determined.

Submission of the Mascot Request Form does not guarantee an appearance.

Internal Use Only

Received by: _____ Date: _____ Processed by: _____ Date: _____