



## COLORADO RAPIDS PLAYER/COACH APPEARANCE REQUEST FORM

Thank you for inviting the Colorado Rapids to be part of your event. In order for a request to be considered, you must complete the following form and return it to the Rapids at least *four weeks* prior to your event date. Completion of this form does not guarantee an appearance. Please review the player appearance guidelines, as incomplete forms will not be considered.

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### Requesting Organization Information

Organization \_\_\_\_\_

Circle type of organization: Business    Charity    School    Soccer Club    Other \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Contact Name & Title \_\_\_\_\_

Telephone (day) \_\_\_\_\_ Fax \_\_\_\_\_

Telephone (cell) \_\_\_\_\_ Email \_\_\_\_\_

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### Appearance/Event Information

Event Name \_\_\_\_\_ Event Date \_\_\_\_\_

Event Location & Address \_\_\_\_\_

*Please attach directions from Dick's Sporting Goods Park*

Time of Event \_\_\_\_\_ Appearance time (*Start time after 2:00pm*) \_\_\_\_\_

Request for (circle one):    Player    Coach    Hourly fee: \_\_\_\_\_

Event Description (*i.e. school assembly, awards presentation*) \_\_\_\_\_

Rapids Player/Coach Role \_\_\_\_\_

Will photographer/media be present? \_\_\_\_\_

Audience Demographic (*youth, parents, public, coaches*) \_\_\_\_\_

Expected number of people to attend \_\_\_\_\_

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### Please return completed form to:

Colorado Rapids  
Attn: Player Appearances  
6000 Victory Way  
Commerce City, CO 80022  
Fax: 303-727-3536