

Miami University Athletics

Swoop Mascot Appearance Request



Last Name _____ First Name _____

E-mail address _____

Telephone _____ Fax _____

Organization/Department _____

Address _____ City _____ State _____ Zip _____

Event _____ Event Time & Date _____

Are you a Miami season ticket holder? Yes No Sport: _____

MASCOT APPEARANCE GUIDELINES

- \$100 for 1st hour appearance, \$25 for every 30 minutes additional (Maximum 2 hours)
- Must provide area for changing into costume (If event is not at Miami University)

Brief description of event, purpose and attendees:

Payment Method (due at the event): Check Cash Credit Card University account

* You will be informed of approval of this request within 72 hours

** Request must be received 10 days prior to event

Please return to:

Signature: _____

Ellie Zabielski

Email: zabielec@muohio.edu

Phone: 513-529-0402

Fax: 513-529-6404

Address: Miami University Sports Marketing
203 Millett Hall
Oxford, OH 45056

For Office Use

Received by: _____
Date received: _____
Date responded: _____
 Approved Rejected