

Miami University Athletics 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: _____

Spirit Groups: Cheerleaders Dance Team Shakerettes

Team _____ Coaches _____

Preferred Speaker _____ Secondary Speaker _____

Brief description of event, purpose and attendees:

* 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: _____	
<input type="checkbox"/> Approved	<input type="checkbox"/> Rejected