



SPIRIT APPEARANCE REQUEST FORM SAN DIEGO STATE ATHLETICS

Your Name: _____ Name of Organization: _____

Phone: (_____) _____ Email: _____

Your organization is: _____ Corporation/Event Company Representing a Client _____ Non-Profit/Charitable Agency

_____ SDSU Organization; e.g. Sorority, Student Government _____ NCAA School, Conference

_____ Other: _____

Description of Promotional/Fundraising Activity (Attach copy of flyer, if available):

Group(s) requested for this event: Band _____ Cheer _____ Dance _____ Aztec Warrior _____

Date of Activity: _____ Location of Activity: _____

Activity Start Time: _____ Time group members need to appear: _____ Duration of appearance: _____

Expectations of group(s):

Band

How many songs is group expected to play? _____ Specific song requests (i.e. Fight Song): _____

Will the band be marching or performing in one location? Please describe. _____

Requested attire: _____ Marching Band _____ Pep Band _____ Practice Attire

Cheer

What is expected of the group? (i.e. Cheers, Fight Song, etc.) _____

Will the group perform on a stage? _____ If so, what are the dimensions of the stage? _____

If not, where will they be performing? _____ What are the dimensions of the space? _____

Is there a sound system? _____ Do you have recordings of the SDSU Fight Song or other music you would like to use? _____

Requested attire: _____ Game Uniforms _____ Practice Attire

Dance

How many routines is the group expected to perform? _____ Specific style of dance requested: _____

Will the group perform on a stage? _____ If so, what are the dimensions of the stage? _____

If not, where will they be performing? _____ What are the dimensions of the space? _____

Is there a sound system? _____ Do you have recordings of the SDSU Fight Song or other music you would like to use? _____

Requested attire: _____ Game Uniforms _____ Practice Attire

Aztec Warrior

Will there be a changing room provided? _____

What is expected?

What expenses or benefits, if any, will group(s) receive while participating?

Meals: Breakfast _____ Lunch _____ Dinner _____ Snack _____

Will a donation be made to the group(s)? _____ If so, in what amount? _____

X _____
Signature of Organization's Representative

Date

4 weeks prior to appearance, please return to Lisa Pearson, Assistant Athletic Director of Marketing and New Media, at lpearson@mail.sdsu.edu.
Completion of form does not guarantee accommodation.