



DES MOINES MENACE 2008 APPEARANCE REQUEST FORM

Organization	
Contact Name	
Address Phone Fax Email	
Event Name	
Date Time Location	
Event Description * Attach detailed information if possible	
Request: CHECK ALL THAT APPLY	<input type="checkbox"/> MANIAC <input type="checkbox"/> PLAYERS, if yes how many? ____ <input type="checkbox"/> STAFF, if yes how many? ____ <input type="checkbox"/> INFLATABLES
Tax ID	
Notes:	

Please note: Requests will be processed in the order received. Not all requests can be granted.

Mail your completed Donation Request Form to:

Des Moines Menace
 Attn: Tawnya Mann
 6400 Westown Pkwy
 West Des Moines, IA 50266
Fax: 515.226.1595

If you have additional questions, contact our office at 515.457.6034

THANKS FOR YOUR INTEREST IN THE DES MOINES MENACE