WELLINGTON PHOENIX FOOTBALL CLUB PLAYER APPEARANCE REQUEST FORM



CONTACT DETAILS			
FULL NAME	EMAIL ADDRESS	CONTAC	CT NUMBER
POSTAL ADDRESS			
Street Suburb	City		Postcode
APPEARANCE DETAILS			
TYPE OF APPEARANCE Select from drop down	IE SEI ECTED 'OTHER'	PLEASE ADD DETAILS 7	una distribi hada u
THE OF APPEARANCE Select Holli drop down	IF SELECTED OTHER,	reaseadd deiails 'y	pe details below
PLAYER ACTIVITY Tick all that apply			
Q&A SESSION	1/4		
MEET & GREET			
PHOTO & SIGNING SESSION			
TRAINING SESSION			
PRESENTATION OF AWARDS OTHER			
	A wear		
EVENT INFORMATION	All Second		
ORGANISATION NAME EVENT N	IAME EVEN	IT DATE	EVENT LOCATION
EVENT BRIEF Type details below			
PARKING AVAILABILITY FOR WELLINGT	ON PHOENIX STAFF & PLAY	'ERS Type details below	

IMPORTANT NOTE:

Please note that all requests must be submitted 4 weeks prior to event. Requests adhering to this condition will receive a response, which will determine if the request was successful or not.

COMPLETED FORMS:

Please send a completed form in a PDF file to community@wellingtonphoenix.com or post to: NZCIS – Block B, Level 3, 30 Somme Road, Trentham, Upper Hutt, 5018.