

**Please Return completed form to:**

Lightning Appearance Request, c/o Sioux Falls Storm

5901 S. Southeastern Avenue, Sioux Falls, SD 57108

Email: [lgcoach@siouxfallsstorm.com](mailto:lgcoach@siouxfallsstorm.com)

**LIGHTNING GIRLS APPEARANCE REQUEST FORM**

Organization Name \_\_\_\_\_

Organization Type:

\_\_\_ Business

\_\_\_ Charity/Non-Profit

\_\_\_ Civic (Describe: \_\_\_\_\_)

\_\_\_ School

\_\_\_ Other (Describe: \_\_\_\_\_)

**Event Information**

Event Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Event Start Time \_\_\_\_ AM/PM      Event End Time \_\_\_\_ AM/PM

Physical Address of the Event \_\_\_\_\_

Contact Person Upon Arrival \_\_\_\_\_

Contact Person Cell Phone (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Contact Person E-Mail \_\_\_\_\_

**Event Specifics:**

Number of Lightning Girls to Attend \_\_\_\_\_

Appearance Duties (Please check all that apply)

- Sign Autographs
- Pose for Pictures
- Sell Raffle Tickets
- Meet & Greet Guests at Door
- Speak
- Other Activities \_\_\_\_\_

Preferred Cheerleader Attire  Cheer Game Uniform  Casual Team Apparel

Driving Instructions from Denny Sanford Premier Center to Event (Be as specific as possible)

---

---

Parking Instructions \_\_\_\_\_

*(If there are parking fees, the appearance organizers must pre-pay all costs prior to arrival for each cheer team member vehicle driven to the event)*