

CHAMP! SIGHTINGS

presented by  **EastRise**
CREDIT UNION

REQUEST FORM

Organization				
Briefly describe your organization and mission.				
Contact Person				
Contact Phone #				
Contact E-Mail Address				
Date of the Event	Day of Week	Sunday	Date	
When do you want CHAMP? (One hour Maximum)	From		Until	
On-Site Contact Name				
On-Site Contact Phone #				
Address of Event (Street, City, State, ZIP)	Street			
	City, State, ZIP			
Please Describe What You Hope CHAMP's Role To Be In Your Event				
Brief Description Of Your Event				
Expected Attendance for Event				
Please List Corporate Sponsors For Your Event				