

PLAYER APPEARANCE REQUEST FORM

| | | |
|---|--|---|
| Contact Information | CLUB/SCHOOL/GROUP | CONTACT NAME |
| | | |
| | PHONE - DAYTIME | EMAIL |
| | | |
| | ON-SITE PRIMARY CONTACT NAME | ON-SITE PRIMARY CONTACT NUMBER |
| | | |
| | ON-SITE SECONDARY CONTACT NAME | ON-SITE SECONDARY CONTACT NUMBER |
| | | |
| | WHAT DOES YOUR ORGANISATION DO FOR THE LOCAL COMMUNITY? | |
| | | |
| HOW DOES YOUR ORGANISATION SUPPORT THE CENTRAL COAST MARINERS? | | |
| | | |
| ARE YOU A CENTRAL COAST MARINERS MEMBER? | | |
| | | |

T (02) 4353 7200 **F** (02) 4353 7211 **W** ccmariners.com.au

OFFICE Suite 303, 1 Bryant Drive Tuggerah NSW 2259 **POST** PO Box 5244 Chittaway Bay NSW 2261



| | | | |
|---|--|-------------------|-------|
| Event Information | EVENT DATE | EVENT TIME | |
| | | FROM | UNTIL |
| | EVENT NAME | | |
| | | | |
| | EVENT LOCATION & ADDRESS | | |
| | | | |
| | EVENT DESCRIPTION | | |
| | | | |
| | HOW IS YOUR EVENT BEING PROMOTED? | | |
| | | | |
| | TIME REQUIRED FOR PLAYER APPEARANCE | | |
| | FROM | | UNTIL |
| PLEASE CLEARLY OUTLINE THE ROLE YOU WISH THE PLAYER TO HAVE AT THE EVENT | | | |
| (E.G. ASSISTING WITH PRESENTATIONS, MEET & GREETES ETC.) PLEASE NOTE THAT FUNCTIONS THAT MAY RISK INJURY WILL NOT BE CONSIDERED. | | | |
| | | | |

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REQUEST CHECK LIST

Before you submit this form, have you:

- Completed all sections of the Player Appearance Request form?
(Any forms that are not fully completed will not be considered)
 - Allowed 6 week notice for this request to be processed?
- Provided an introductory letter on official letterhead to accompany your request?
 - Agreed to provide photos at the completion of this event
 - Read and agreed to the Terms & Conditions

PLAYER APPEARANCE TERMS AND CONDITIONS

The completion of this form does not guarantee an appearance, and the request must be submitted a minimum of 6 weeks prior to the event.

Central Coast Mariners players are available only for a one hour block for each event (unless approved by the Mariners Football Department).

Appearance is subject to personnel availability.

The Central Coast Mariners reserves the authority to make the final decision if the player will appear at an event or not.

Accurate directions, location, on-site contact must be provided upon appearance approval.

Appropriate parking must be provided close to the venue.

An escort must be provided to stay with the player/s at all times and greet them upon arrival.

A bottle of water must be provided to the player/s upon arrival.

Central Coast Mariners reserve the right to cancel an approved Player Appearance due to unforeseen circumstances (i.e, injury, unexpected travel, family emergencies etc). We will reschedule any cancelled appearances where possible.

A friendly and safe environment must be maintained. Central Coast Mariners players and/or staff reserve the right to exit from any appearance deemed unsafe or potentially harmful.

Any forms that are not fully completed will not be considered. Please ensure that all sections are filled out.

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I verify that I have read and agree to the Player Appearance request policies, and understand that the completion of this form does not guarantee an appearance.

Signed: _____

Name: _____

Contact Phone: _____

Please return to Central Coast Mariners FC
Email: appearances@ccmariners.com.au
Post: PO Box 5244, Chittaway Bay NSW 2261
Fax: 02 4353 7211

| OFFICE USE ONLY | |
|-----------------|----------|
| APPROVED | YES / NO |
| APPROVED BY | |
| APPROVAL DATE | |

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