

# REQUEST FOR SMOKEY APPEARANCE

DISTRICT #: \_\_\_\_\_ DATE: \_\_\_\_\_

Forest Ranger or Fire Department: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Mailing address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone (Business) \_\_\_\_\_ (Home) \_\_\_\_\_

Type of Program: (Please select one)

\_\_\_\_\_ PARADE \_\_\_\_\_ SCHOOL \_\_\_\_\_ OPEN HOUSE

\_\_\_\_\_ OTHER (please specify)

Type of suit requested: \_\_\_\_\_ SHAFTON \_\_\_\_\_ FACEMAKER

Location of Program: \_\_\_\_\_

Date(s) Requested: \_\_\_\_\_ Time(s): \_\_\_\_\_

Estimated Date of Return: \_\_\_\_\_