

RONALD McDONALD COMMUNITY APPEARANCE REQUEST

TODAY'S DATE: _____

EVENT: _____ DATE: _____

TIME OF EVENT: _____ TIME OF RONALD'S APPEARANCE: _____

ADDRESS OF EVENT: _____

CITY: _____ ZIP: _____ PHONE: (_____) _____

BILINGUAL NEEDED? (ENGLISH, SPANISH, SIGN LANGUAGE) YES: _____ NO: _____

A CLEAN PRIVATE PLACE MUST BE AVAILABLE FOR RONALD'S ASSISTANT'S EXCLUSIVE USE

PERSON/ORGANIZATION REQUESTING APPEARANCE: _____

ADDRESS: _____ CITY: _____ ZIP: _____

PHONE NUMBER: (_____) _____ EMAIL: _____

IF A CHARITY IS INVOLVED, WHERE DO PROCEEDS GO: _____

ESTIMATED SIZE OF AUDIENCE: CHILDREN: _____ ADULTS: _____

WHAT WOULD YOU LIKE RONALD TO DO? _____

WILL THERE BE ANY CHILDREN WITH SPECIAL NEEDS PRESENT? YES: _____ NO: _____

IF REQUIRED BY RONALD'S PERFORMANCE WILL THERE BE A:

STAGE AVAILABLE? YES: _____ NO: _____

PA SYSTEM AVAILABLE? YES: _____ NO: _____

WILL PERFORMANCE BE: OUTSIDE: _____ INSIDE: _____

TYPES OF MEDIA COVERAGE ANTICIPATED: TV: _____ RADIO: _____ NEWSPAPER: _____

OTHER(EXPLAIN): _____

WILL THERE BE ANY FOOD VENDORS, OTHER SPEAKERS OR ENTERTAINERS? YES: _____ NO: _____

IF YES, PLEASE LIST: _____

RONALD'S ESCORT FOR EVENT: _____ CELL PHONE: _____

PLEASE GIVE DIRECTIONS TO LOCATION: _____

PLEASE SEND THIS COMPLETED FORM TO: RONALD McDONALD PROGRAM MANAGER
c/o: Porter Novelli
10960 Wilshire Blvd., Suite 1750
Los Angeles, CA 90024
310/444-7000
310/444-7004 FAX

McDonald's Sponsor Name and Address: _____

THIS IS NOT A CONFIRMATION LETTER