SYDNEY ROOSTERS

PLAYER APPEARANCE APPLICATION

Name of Organisation / School: _____

Name of Event: _____

Date of Event: _____

Venue (Street Address): _____

Best time for player appearance: FROM: TO:

Preferred Player(s) (subject to availability): _____

_____

Player duties at event: _____

_____

_____

Other information: _____

_____

_____

_____

Contact Details:

NAME: _____

PHONE: _____

MOBILE: _____

EMAIL: _____

Alternative Contact:

NAME: _____

PHONE: _____

MOBILE: _____

EMAIL: _____

Post to: Player Appearance Coordinator
Sydney Roosters
PO Box 1532, Bondi Junction NSW 1355

Fax to: (02) 9369 4766