



TRAVELER[®]

APPEARANCE REQUEST FORM

This form when signed by all parties will serve as an official contract

SUBMIT FORM TO:
Joanne Asman
Owner/Trainer, USC Mascot Traveler[®]
Asman & Associates, LLC

Email: jsa@asmanj.com
Tel: (818) 842-8444 • Fax: (818) 842-8445
USC Supplier Number: SUP-00021856
www.uscmascot.com

GROUP SPONSORING EVENT: _____

Contact Person: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Date(s) of Event: _____ Performance Time: _____

Note: Traveler[®] will appear for photos from 1 to 1-1/2 hours, unless alternate timing previously agreed upon.

Location of Event: _____

Brief Description of Purpose and Program: _____

What do you want Traveler[®] to do? _____

Number of people expected at the Event: _____

Appearance Fee: \$2,000 (plus transportation if over 25 miles).

A \$500 non-refundable deposit is required with Booking, unless mutually agreed otherwise

Credit Card Check ACH Zelle _____

Card #: _____ Exp Date: _____ 3-Digit CVV: _____

Signature of Requesting Party _____ Date _____

FOR COMMITTEE USE ONLY

Joanne Asman's Approval: _____ Date: _____

USC Approval: _____ Date: _____