



Charitable Appearance Request Form

Derrick Brooks Charities Inc. accepts formal requests for appearances of Derrick Brooks. If you are interested in submitting a request to be considered for your upcoming event, please provide as much of the below requested information as possible that pertains to you event and or request. Because of the high volume of requests that we receive please allow 6-8 weeks advance notice of **all** events. If you have additional information that you would like to submit please send the information along with this completed form to:

Derrick Brooks Charities, Inc.
Attn: Appearance Requests
3750 Gunn Highway Suite 109
Tampa, FL 33618

Name of Organization Requesting Appearance: _____

Contact Person: _____ Title: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____-_____-_____-ext. _____ Cell Phone: _____-_____-_____

Fax: _____-_____-_____- Alternate Number _____-_____-_____

Email Address: _____

Tax Id #: _____

Purpose of Mr. Brooks Appearance: _____

Name of the event with a brief description: _____

If applicable who will benefit from the proceeds: _____

Date and Time of the event: _____

Location of Event: _____

Will Transportation and or accommodations be provided, if so please outline: _____

Length of time commitment needed by Mr. Brooks: _____