



**GSU Spirit and Pounce Performance Request Form: Campus Event**

All requests MUST be submitted at least three (3) weeks prior to event date.  
Payments MUST be received, in full, a minimum of one week prior to event/appearance.  
A GSU representative will contact you to confirm attendance and discuss details.  
Please attach a map and/or detailed directions.

**Event Date** \_\_\_\_\_ **Event Start** \_\_\_\_\_ **Finish** \_\_\_\_\_

**Event Name** \_\_\_\_\_

**Type of Event** \_\_\_\_\_

**Event Location or Address** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip Code** \_\_\_\_\_

**Contact Name** \_\_\_\_\_ **Contact #** \_\_\_\_\_

**Contact on Day of Event** \_\_\_\_\_ **Cell #** \_\_\_\_\_

**GSU Spirit Member's Role at Event/ Details of Event** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Anticipated Attendance** \_\_\_\_\_ **Age Range of Participant** \_\_\_\_\_

**Additional Event Details (If Necessary):** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Please see the following page for pricing and payment information.*

## Pricing and Payment

**Please check all requests for your event.**

<b>Non Game Day Appearances</b>	<b>1<sup>st</sup> Hour</b>	<b>Each Add'l Hour</b>	<b>Total</b>
_____ Pounce	\$50	\$25	_____
_____ Small Squad (4) Cheerleaders or Pantherettes	\$50	\$25	_____
_____ Large Squad (8 or more) Cheerleaders or Pantherettes	\$75	\$37.50	_____
_____ Group: 4 Cheerleaders or Pantherettes and Pounce	\$100	\$50	_____

### **Game Day Appearance**

_____ Pregame Appearance: Pounce and 2 Cheerleaders (10 minutes)	\$50
_____ In-game Appearance: Pounce (i.e. card delivery, photo session)	\$50
_____ Small Squad Pregame Appearance: Cheerleaders (4-8)	\$150
_____ Larger Squad Pregame Appearance: Cheerleaders (10 or more)	\$200

**Grand Total** \_\_\_\_\_

*Please select your payment option below*

- I would like to pay in **cash**
- I have included a **check** for the total cost listed above  
(Make check out to: Georgia State University)
- I would like to pay using SpeedType. Please charge  
Speed Type: \_\_\_\_\_
- Please charge my credit card for the total listed above

Card Type: \_\_\_\_\_

Credit Card # \_\_\_\_\_

Expiration Date \_\_\_\_\_

Signature \_\_\_\_\_

Send this form with  
payment to:

Georgia State Athletics  
**Attn: GSU Spirit**  
**C/O: Darryl Lyons**  
125 Decatur Street  
Atlanta GA, 30303

**For more information & to return completed request form, please contact GSU Athletics:**

**Attn: GSU Spirit · 125 Decatur Street · Suite 416 · Atlanta, GA 30303**

**Phone: (404) 413-4019 · Email: dlyons6@gsu.edu**