

REQUEST FOR McGRUFF® APPEARANCE

Requestor's Name: _____

Organization's Name: _____

Address: _____

Day Phone: _____ Contact Number for Day of Event: _____

Fax: _____ Email: _____

Name of Event: _____

Date _____ Time: From _____ am pm To _____ am pm

Location/Address:

Is there a private dressing area for McGruff? Yes No

Parking for McGruff volunteer and assistance? Yes No If yes, where?

Describe the Function (fair, community event, etc.) and explain how it relates to crime prevention and/or the safety of the community.

State specifically the purpose of the McGruff appearance. What do you want him to do?

Size of Anticipated Group

AGES 6 & under	AGES 6-12	AGES 12-18	Adults
Amt.			

Please return form to: Department of the Attorney General,
 Crime Prevention and Justice Assistance Division,
 235 S. Beretania Street, Suite 401, Honolulu, HI 96813
 Telephone No. 586-1487 Fax No. 586-1097

***** (For Office Use Only) *****

Request Received (date): _____ Request: Approved Denied

Confirmation of approval / denial with: _____ Date: _____

McGruff Character: _____ Seeing Eye: _____