



### Request for Services

To: Chickasaw Cultural Center Division Date: \_\_\_\_\_

From (requesting party): \_\_\_\_\_

Contact person: \_\_\_\_\_

Phone no.: (\_\_\_\_) \_\_\_\_\_ Fax no.: (\_\_\_\_) \_\_\_\_\_

Email address: \_\_\_\_\_

Event or project: \_\_\_\_\_

Date and time of event: \_\_\_\_\_

Location: \_\_\_\_\_

Purpose of event or project: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\*\*\*\*\*

Please check all that apply:

- |  |  |
|--|--|
| <input type="checkbox"/> Request for Chickasaw Dance Troupe            | <input type="checkbox"/> Request for cultural presentations    |
| <input type="checkbox"/> Request for Chickasaw cultural demonstrations | <input type="checkbox"/> Request for archery tag demonstration |
| <input type="checkbox"/> Request for make-and-take activities          | <input type="checkbox"/> Request for stickball demonstrations  |

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Note:** Form should be submitted at least three weeks in advance of request.

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**For Internal Use Only:**

Type of request:  Internal  External

Date received: \_\_\_\_\_

Approved

Date returned: \_\_\_\_\_

Disapproved

Comments: \_\_\_\_\_

Team member(s) providing service(s): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_