



Colorado Clown Activity Request

Date of Request: _____

Name of Organization: _____

Type of Organization: Profit Non-Profit

Contact Person: _____

Phone : _____ Cell : _____

Event Name : _____

Date : _____ Time (Arrival/Departure): _____

Location/Directions : _____

Type of Audience: Children Adults Both

How many clowns are expected? _____ For how long? _____

Compensation: Fee: _____
 Request Participation as a Charitable Donation

Will there be any paid performers? Yes No

What do you want the clowns to do? Twist Balloons
 Paint Faces
 Walk-around
 Show-Skit
 Show/Magic
 Other: _____

Confirmation Date: _____

Best time to call: _____

Colorado Clown Contact: _____

Coordinator Notes: _____

Please fill up the form and send it to –

Colorado Clown Association, P. O. Box 27072 Denver, CO 80227