



BlueCross BlueShield
of Texas

Blue Bear Appearance Request Form

Requesting organization: _____

Event name: _____

Contact: _____

City: _____ Zip: _____

Cell phone: _____

Email: _____

Blue Bear performance time: _____

Date of appearance: _____

Time of event: _____ Start: _____

End: _____

Location of event: _____

Event address: _____

City & Zip: _____

On-site appearance contact: _____

Dressing room location (private room to change in): _____

Purpose of appearance (please describe what you want Blue Bear to do):

Estimated event attendance: _____

*Please email this request form to Community Outreach Specialist
helen_m_dorsey@bcbstx.com or Lauri_Kelley@bcbstx.com for additional information.*