



# MARTIN LUTHER KING JUNIOR SOCCER LEAGUE

## REQUEST PARTICIPATION FORM

Shaded Area:

For MLK use Only

RP #:

Date:

Name of Organization:

Contact Name:

Name of Event:

Contact email:

Date of Event:

Contact phone:

Start Time:

End Time:

Briefly describe the purpose of the event:

Approve

Reject

\_\_\_\_\_  
Communications Director

Comments

Note: This form is a request for participation only. MLKJSL reserves the right to terminate this agreed appearance at any time for any reason or no reason.

Form: 100-075 Rev -