



REQUEST for MOJAVE MAX MASCOT and/or EDUCATIONAL TABLE TOP

EVENT NAME: _____

Briefly describe the purpose of the event:

EVENT DATE: _____ TIME REQUESTED: (From) _____ (To) _____

EVENT LOCATION: _____

ADDRESS: _____

CITY: _____

EVENT POINT OF CONTACT: _____ PHONE: _____

EMAIL: _____

ANTICIPATED NUMBER OF ATTENDEES: _____

Please check appropriate box:

We are requesting the Mojave Max Mascot (only)

We are requesting the Mojave Max Mascot and an educational table top

We are requesting an educational table top (only)

Will there be other mascots attending this event? Yes No

Will there be other educational table tops at this event? Yes No

Please email this form to
Heather Green at
HYG@ClarkCountyNV.gov

