



CHAMP! SIGHTINGS

presented by



**New England
Federal Credit Union**

New England Federal Credit Union and the Vermont Lake Monsters will be teaming up this year to actively support the community by offering free CHAMP appearances (“CHAMP Sightings”) to non-profit organizations and other programs that share their commitment to enhancing the well being of our local communities.

Organizations and programs interested in participating in the “CHAMP Sightings” program, and having CHAMP attend their event for free must submit a formal application (as seen on page 2). Please note that depending on event location, travel costs may apply.

Once your application has been received, your event will be assessed on the following criteria and questions listed on the application. This application will allow the Lake Monsters to manage the allocation of limited community appearances in a manner that is fair and responsible to all concerned. The “CHAMP Sightings” program is budgeted on an annual basis and is subject to the availability.

As part of the “CHAMP Sightings” program, the Lake Monsters unfortunately cannot accept applications from the following:

- Organizations or projects that discriminate against individuals based on race, religion, ethnicity, or sexual preference
- Political organizations or candidates

Organizations and programs may only submit one application per year.

If your organization or program does not fit the requirements of the “CHAMP Sightings” program, regular CHAMP appearance requests can be made by calling 802-655-4200 or emailing us at CHAMP@vermontlakemonsters.com. Regular rates do apply - \$100 per hour, plus travel expenses.

The Lake Monsters kindly ask that you do not promote that CHAMP will be at your event until, and unless, you have received written notification that CHAMP will be in attendance.

CHAMP! SIGHTINGS

presented by  **New England
Federal Credit Union**

REQUEST FORM

Organization	
Briefly describe your organization and mission.	
Contact Person	
Contact Phone #	
Contact E-Mail Address	

Date of the Event	Day of Week		Date	
When do you want CHAMP? (One hour Maximum)	From		Until	
On-Site Contact Name				
On-Site Contact Phone #				

Address of Event (Street, City, State, ZIP)	Street	
	City, State, ZIP	

Please Describe What You Hope CHAMP's Role To Be In Your Event	
---	--

Brief Description Of Your Event	
--	--

Expected Attendance for Event	
--------------------------------------	--

Please List Corporate Sponsors For Your Event	
--	--