

Extended Shop Hour Request Form

Shop Location: (circle one) Central Northwest		
Desired Hour Extension: (circle one) 6:00p 6:30p	7:00p Other:	
Event Date:	Event Type:		
Service Unit Name and Nu	ımber:		
Service Unit Contact:		Contact Number	:
Contact Email:			
How many girls are you ex	rpecting? He	ow many adults are you e	expecting?
Would you like to pre-orde	er items in advance?		
Item Number	Item Description	Item Quantity	Item Size
Notes of Importance:			
 Forms are due to and a minimum of the retail team of expected event a will be notified a retail team. 	f 30 days if you are pre-orde onsiders staff availability, cur	ring merchandise. rent request schedule, co ests. Not all requests will the event date.	prior to the listed event date ommunity/brand impact and be approved. Event contacts Date:

Notification Date: _____