

STREET TEAM FORM

CONTROL YOUR NARRATIVE



REGISTRATION FORM

Location of Street Team :

Date :

D D M M Y Y Y Y

Do you own/operate a wrestling promotion: Yes No

Name of wrestling company you operate: _____

PERSONAL INFORMATION

Full Name :

Performer Name : Date Of Birth :
(if applicable) D D M M Y Y

Full Address :

City / Country : Postcode :

What skills, strengths, or interests do you have that would make you a valuable volunteer?

E-Mail :

Driver License : Yes No Gender : Male Female

IMPORTANT NOTE: As part of the street team we expect serious commitment. If you commit to volunteer at/for any of our events/regular programming & DO NOT show up you will be dismissed from the street team indefinitely. Your job is to engage & inform fans, facilitate street team activities, execute promo strategies, obtain team members, poster walks, flyer distribution, take photos/videos at these street team events, send photos to CYN media team, sell advance tickets via link, provide leads to us from viable sponsors, promote the CYN experience, provide updates, connect with CYN staff on strategies. Compensation is via complimentary access to Initiative Seminar/CYN event

I agree to the above notes: Yes No

More Information :

WWW.CONTROLYOURNARRATIVE.COM
INITIATIVE@CONTROLYOURNARRATIVE.COM

Signature Of Applicant

THANK YOU FOR YOUR INFORMATION