Contact Information

Organization/School: ____________________________________________________________
Contact Name: __________________________________________________________________
Email: _________________________________________________________________________
Phone Number: __________________________________________________________________

Event Information

Event Name: __________________________ Hosting Organization: __________________________
Location/Address: __________________________________________________________________

Date and Time: __________________________ Estimated Attendance: _______________________
Who would you like to have at your event:  STAFF  MASCOT  PLAYERS
Where can the mascot change? _______________________________________________________
Where can staff park? __________________________________________________________________
Provide a description of event: ____________________________________________________________________

*Request form must be received at least 1 month prior to date of your event.
*Please type or print clearly.

Please return the completed form one of the following ways:

Email: Hannah Frenchick --- hfrenchick@wvpower.com
Mail: West Virginia Power Baseball
      Attn: Hannah Frenchick
      601 Morris St, Suite 201
      Charleston, WV 25301
Fax: 304-344-0083, Attn: Hannah Frenchick