



APPEARANCE REQUEST



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