



<b>For Office Use Only</b> Date Received: _____ Date Responded: _____ Response Given: _____
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## 2018 Player Appearance Request Form

Thank you for your interest in having a Shuckers player attend your upcoming event. Complete the form below and return at least four (4) weeks prior to event date. A completed form does not guarantee an appearance. Shuckers players are only available on select dates during the season (April-August) while the team is in Biloxi. Time and dates are subject to change pending the team's schedule. The best times for a Shuckers player to make an appearance are from 10AM to 1PM. For questions, call Community Relations at (228) 271-3469.

Please return this completed form to the address listed below, by fax to (228) 206-6187, or by email to [SCchapman@BiloxiShuckers.com](mailto:SCchapman@BiloxiShuckers.com).

Biloxi Shuckers  
Attn: Player Appearances  
PO Box 173  
Biloxi, MS 39533

### 1. Organizational Information

Organization Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

Contact Email Address: \_\_\_\_\_

### 2. Event Information

Event Name: \_\_\_\_\_

Event Date: \_\_\_\_\_ Event Time: \_\_\_\_\_

Requested Appearance Start Time: \_\_\_\_\_ Requested Appearance End Time: \_\_\_\_\_

Event Description: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Nature of Appearance (check all that apply):

- Guest Speaking – Speech Topic: \_\_\_\_\_
- Autograph Session
- Meet & Greet (no autographs)
- Other: \_\_\_\_\_

Event Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Parking Instructions: \_\_\_\_\_

Onsite Contact: \_\_\_\_\_ Cell Phone: \_\_\_\_\_