

Southpaw appearance request form

Completion of this form is a request only and does not guarantee an appearance. Please type or print clearly.

Organization: _____

Circle one: Business | Non-profit | Church | Civic | School | Other: _____

EVENT INFORMATION

Event Name/Location: _____

Date & Time: _____

Address: _____

Description: _____

Audience size/age range: _____

ORGANIZATION INFORMATION

Name _____

Address _____

City, State, Zip _____

Phone# _____

Email _____

CONTACT INFORMATION

Name _____

Phone# _____

Email _____

FOR BIRTHDAY PARTIES

Birthday age: _____ Add'l photos: _____

Directions to event from the Baseball Grounds of Jacksonville:

Please provide secured parking and a private changing area for Southpaw. Advise the Suns if alternate accommodations are necessary.

Signature: _____ **Date:** _____