



Tri-City ValleyCats

Community Appearance Form

Appearance Type: Mascot ValleyCats Guest Speaker **Event Date:** _____

Organization: _____

Type: Business Non-Profit Church Civic School Other: _____

Contact: _____ Contact's Position: _____

Email: _____ Phone: _____

Website: _____ Fax: _____

Contact/Organization Address: _____

City: _____ State: _____ Zip: _____

Event Name: _____

Event Location: _____ Event Sponsor: _____

Event Address: _____

City: _____ State: _____ Zip: _____

Event Description (*include information on mascot/guest involvement*): _____

Time of Event: _____ to _____ Estimated # of Guests: _____

Time of Appearance: _____ to _____ Average Age of Guests: _____

Onsite Contact at Event: _____ Phone: _____

Will the media be present?: Yes No

Will a changing room be available out of public view?: Yes No

Please return this **completed form and other information (i.e. flyers, handouts, etc.)** via fax Attn: Michelle Skinner at (518) 629-2299, email to michelleskinner@tcvalleycats.com, or mail to Tri-City ValleyCats, Attn: Michelle Skinner, PO Box 694, Troy, NY 12181.

**Completion of this form is only a request, and does not guarantee a mascot/player appearance. Players appearances are limited and are based on a schedule supplied by the coaching staff. Requests are recommended to be made at least three (3) weeks prior to the event. Appearances are on a first-come, first-served basis.*

Office Use Only:

Date Received: _____ Attending Mascot/Player: _____

'Cats Rep: _____ Sponsor/Client: _____ Initials/Date: _____