



SOUTH BEND
CUBS

**Mascot / Player / Guest Speaker
Appearance Request Form**

Circle one:

MASCOT

PLAYER

GUEST SPEAKER

Organization: _____

Type of Organization: Business Non-Profit Group Church Civic School Other: _____

Contact Name: _____ Contact Phone: _____

E-Mail: _____

Address: _____

Event Name: _____

Event Description: _____

Date of Appearance: _____ Estimated Crowd Size: _____

Appearance Start Time: _____ Appearance End Time: _____

Location of Appearance: _____

Appearance Address: _____

City: _____ State: _____ Zip: _____

Contact/Phone Number on Day of Event: _____

Directions from Four Winds Field: _____

Estimated Travel Time from Four Winds Field: _____

Please email this completed Appearance Request Form to marketing@southbendcubs.com or mail to **Four Winds Field, Attn: Marketing Department, 501 W. South Street, South Bend, IN 46601.**

All appearance fees must be paid in full prior to the event.

Completion of this form is only a request, and does not guarantee a mascot/player appearance. Requests should be made at least 4 weeks in advance, and are encouraged as early as possible. Appearance requests are on a first-come, first-served basis. All fees must be paid in advance of the event. Payment of appearance is non-refundable. If the requesting party cancels the event for any reason, the South Bend Cubs will compensate through an appearance for a future event. If the South Bend Cubs cancel an appearance due to illness, injury, or other unforeseen situation, the Cubs will compensate through an appearance for a future event or will provide a refund of the payment in full.