



2018 PARTICIPATION REQUEST

PLEASE COMPLETE THE INFORMATION BELOW

SCHOOL/ORGANIZATION NAME: _____

ADDRESS: _____ CITY: _____ ZIP: _____

CONTACT NAME:(FIRST) _____ (LAST) _____

PHONE: _____ *E-MAIL: _____

*Please provide e-mail address, as this is the main form of communication.

NUMBER OF STUDENTS: _____

The Visalia Rawhide will provide all necessary materials needed for participation in the program. To ensure that we provide you with the correct amount of materials, please be as accurate as possible.

PREFERRED ASSEMBLY DATE: _____ PREFERRED TIME: _____

SPECIAL REQUEST: _____

- PLEASE MAIL, FAX OR E-MAIL THIS PARTICIPATION FORM -

VISALIA RAWHIDE
ATTN: RAWHIDE READERS
300 N GIDDINGS ST.
VISALIA, CA 93291

FAX: 559.739.7732

E-MAIL: MICOLETTE@RAWHIDEBASEBALL.COM