



PLAYER APPEARANCE REQUEST FORM

Completion of this form is a request only and does not guarantee an appearance. Completed request forms must be received no later than 3 weeks prior to event. Please print clearly & fill out completely.

EVENT NAME: _____

EVENT DATE: _____ START TIME: _____ END TIME: _____

EVENT LOCATION (VENUE): _____

EVENT ADDRESS: _____

ON-SITE CONTACT NAME & CELL NUMBER: _____

MEDIA IN ATTENDANCE? (Y or N): _____

EVENT DESCRIPTION: _____

PLAYER'S EXPECTED ROLE AT EVENT (Please be specific, i.e. autographs, speaking, etc.):

ANTICIPATED AUDIENCE SIZE: _____ AUDIENCE AGE RANGE: _____

ORGANIZATION NAME: _____

TYPE: Charity School Business Other

ADDRESS: _____

CITY: _____ PROVINCE: _____ POSTAL CODE: _____

PHONE: (Day) _____ (Evening) _____

FAX: _____ E-MAIL: _____

CONTACT NAME: _____ DATE REQUEST SENT: _____

* Attach brochure or other event information if possible. Preference is given to events that are related to children's charities.

Due to the volume of requests we receive, please allow a minimum of one week for a response.

Please return completed forms to:

COMMUNITY — WINNIPEG GOLDEYES BASEBALL CLUB

ONE PORTAGE AVENUE EAST, WINNIPEG, MB R3B 3N3

FAX: (204) 982-2274