



APPEARANCE REQUEST FORM

***Private changing room and water must be made available.**

Bees Representative to be present:

Mascot: _____ Player: _____

Organization Name: _____ Phone #: _____

Address: _____

Contact Name: _____ Phone #: _____ Email: _____

Date of event: _____ Time of Event: _____

Event Location: _____

Day of Event Contact: _____ Day of Event Phone #: _____
(If different than above contact person) (If different than above contact phone #)

Type of Event: _____ # People Expected at Event: _____

Hours of appearance: _____ Time of Appearance _____

Driving directions to appearance & any special instructions: _____

What is expected of Player/Mascot at this event? _____

I agree to these terms by signing below. I understand that submitting this form does not guarantee an appearance by a member of the New Britain Bees. If the appearance is scheduled, I will be contacted by the community relations coordinator, and I will receive E-mail confirmation as well.

Please sign here: _____ Date: _____