



APPEARANCE REQUEST FORM

Completion of this form is a request only and does not guarantee an appearance.
All requests must be submitted at least four weeks prior to the event.

Organization: _____
Type: (Please circle) Charity Church Civic School Other
Address: _____
City: _____ State: _____ Zip: _____ County: _____
Telephone: _____ Fax: _____
Contact Name: _____ Contact Phone: _____
Contact Email Address: _____
On-Site Contact Name and Telephone (cell phone): _____
Event Name or Type of Event: _____

Requesting: (Please Check)

- Coaching Staff
- Player(s) # _____
- Office Staff
- Dance Team
- Mascot

Event Sponsor/Underwriter: _____
Event Date: _____ Event Time: From _____ To _____
Event Location/Address: _____
City: _____ State: _____ Zip: _____ County: _____
Detailed Event Description: _____

Detail Description of Guest Responsibilities: _____

Audience Size: _____ Audience Age Range: _____

Please Return Completed Form To:
Eli Pearlstein, Director of Marketing and Public Relations
One Monarch Place, Ste. 220
Springfield, MA 01144
Fax (413)746-3262 Phone (413)746-3263