



CAPITAL DISTRICT SPORTS, INC.



PLAYER/MASCOT APPEARANCE FORM

PLEASE SELECT AN APPEARANCE BY:

“ROWDY” THE RAT _____
“SPIKE” _____
BOTH MASCOTS _____

ALBANY RIVER RATS PLAYER _____
ALBANY FIREBIRDS PLAYER _____
ICE MICE/ FABULOUS FLAMES _____

Date Requested: _____ Confirmed: Yes No

Organization: _____ Type: Profit Non-Profit

Contact Name: _____ Title: _____

Phone: _____ Cell: _____ Fax: _____ Email: _____

Name of Event: _____

Event Description: (i.e. autographs; theme talk, etc.)

Materials to Bring:

Est. Audience Size/Age Range: _____

Date of Event: ___/___/___ * Event Start Time: _____

Event Site Address: _____

Parking Instructions: _____

