



## APPEARANCE REQUEST FORM

### Appearance Fee:

\$100.00 per player/hour

\$100.00 for QuackerJack/hour

**\* All fees based at an hourly rate.**

**\*Payment must be made in full 10 days before event.**

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

Duck Representative to be present: QuackerJack: \_\_\_\_\_ Player: \_\_\_\_\_ Front Office Staff: \_\_\_\_\_

Organization Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Date of event: \_\_\_\_\_ Time of Event: \_\_\_\_\_

Event Location: \_\_\_\_\_

Day of Event Contact: \_\_\_\_\_  
(If different than above contact person)

Day of Event Phone # : \_\_\_\_\_  
(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 Long Island Ducks. If the appearance is scheduled, I will be contacted by the community relations manager, and I will receive an invoice in the mail for the appearance fee.**

**Please sign here:** \_\_\_\_\_

**Date:** \_\_\_\_\_