



2011 / 2012 Player Appearance Request Form

****NOTE**** - Completion of this form is a request only and does not guarantee team participation.

Request for: Player Entire Team Mascot
Type: Charity School Business Other: _____

Organization/Group: _____

Contact Name: _____

Daytime Phone Number: _____ Cell Phone: _____

E-Mail Address: _____

Address of Event: _____

Event Name: _____

Event Date: _____ Start Time: _____ Length of Event: _____

Event Description: _____

Player Function (e.g. autographs, public speaking, skate etc):

Anticipated Audience Size: _____ Anticipated Age Range: _____

**Please return the completed form by
mail, fax or e-mail at least 30 days prior
to event to:**

Soo Greyhounds Hockey Club
Attention: Gerry Liscumb Jr.
269 Queen Street East
Sault Ste. Marie, ONT P6A 1Y9
Fax: (705) 945-9458
E-Mail: gerry@soogreyhounds.com

FOR OFFICE USE ONLY

Approved by:

Date:

Visit us online at www.soogreyhounds.com