



## Madison Mallards Mascot Appearance Request Form

Group Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_

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

\_\_\_\_\_ Fax: \_\_\_\_\_

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

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

Time (Appearances are 1 hour in Length): \_\_\_\_\_

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

Day of the Event Contact & Number: \_\_\_\_\_

Description of Event:

Non-profit? Yes No \*\*\*If for-profit, there is a \$50 appearance fee

Event will take place: Indoor Outdoor Both

Changing room out of public view: Yes No

All mascot appearances are subject to Mallards availability. Outdoor appearances are subject to weather.

Requests for mascot appearances must be made at least three (3) weeks prior to the date of your event. The completion of this form does not constitute a commitment to your event.

Please mail or fax this form to the Madison Mallards Baseball Club at: Madison Mallards Baseball Club  
2920 N. Sherman Ave.  
Madison, WI 53704  
Fax: 608-246-4163

