



Hartford Wolf Pack
MASCOT
APPEARANCE REQUEST

Event Date: _____

Event Time: _____ to _____

Organization: _____

Contact: _____

Phone: _____ Fax: _____

Event Location: _____

Address: _____

Description of Event: _____

Expected Number of People: _____

1. Send requests to:
- | | |
|-------|--|
| Mail: | Hartford Wolf Pack
196 Trumbull Street, 3 rd Floor
Hartford, CT 06103
Attn: Community Relations Department |
| Fax: | (860) 240-7618 |

2. Upon receipt of this form the Wolf Pack Community Relations Department will contact you to go over availability and specifics regarding a mascot appearance.

3. Please submit request at least 1 month prior to date of event.

If you have any questions please contact the Wolf Pack Community Relations Department at (860) 246-7825.

Signature: _____

Date: _____