Hartford Wolf Pack
PLAYER
APPEARANCE REQUEST

Event Date: _____

Event Time: _____ to _____

Organization: _____

Contact: _____

Phone: _____ Fax: _____

Event Location: _____

Address: _____

Description of Event: _____

Expected Number of People: _____

Type of Activity Request: Equipment Demo Reading Q&A Other

If other, please explain: _____

1. Send requests to:

Mail: Hartford Wolf Pack
196 Trumbull Street, 3rd 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 player appearance. * Please note that ALL player appearances are subject to game and practice schedules. There are NO appearances available on game days and weekday appearances are available to start after 2pm.

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: _____