

**Bridgeport Sound Tigers:
PLAYER
EVENT PARTICIPATION REQUEST**

Event Date: _____

Event Time: _____ to _____

Organization: _____

Address: _____

Contact: _____

Phone: () _____ **Fax:** () _____

Description of Event: _____

Expected Number of People: _____

Type of Activity Requesting: **Equipment Demo** **Reading** **Q&A** **Other**

If other please explain: _____

Terms and Conditions:

1. Fill out, sign and return to the address below or fax the agreement to the Community Relations Coordinator. Your event cannot be confirmed without receipt of this form, someone from the BST staff will contact you upon receipt.

Community Relations Department
Bridgeport Sound Tigers
600 Main Street
Bridgeport, CT 06604
Phone: (203) 334-4625 Fax: (203) 335-1719

2. If parking is a foreseen to be a problem, please provide a parking space for player (s).

3. Please include directions to the event from the Arena at Harbor Yard.

4. Please note that all Player Appearances are subject to Game and Practice Schedules.
There are NO appearances available on Game Days.
Weekday appearances available to start at 1:00pm, some exceptions available please call.

5. We will do our best to fulfill preferences for appearances but Specific Players cannot be guaranteed. Players subject to be changed without notice.

6. If any of the above requirements are not met or if an unreasonable situation arises the Bridgeport Sound Tigers retain the right to cancel or cease the appearance.

If you have any questions please contact the Community Relations Department at (203) 334-4625

I understand and agree to all the above Conditions

Signature X _____ Date: _____