

**2013-2014 Bakersfield Condors**

**Appearance Request Form**

**Organization** \_\_\_\_\_

**Event/Function** \_\_\_\_\_

**Date of Event** \_\_\_\_\_

**Time of Event** \_\_\_\_\_

**Please indicate which person(s) you wish to attend your event.**

**Player, Mascot, Coach or Condors staff** \_\_\_\_\_

**Contact Name** \_\_\_\_\_

**Contact Number(s)**

**Office:** \_\_\_\_\_ **Cell:** \_\_\_\_\_ **Home:** \_\_\_\_\_

**Contact Email** \_\_\_\_\_

**Brief description of event-**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Would you like to be contacted regarding group nights and fundraisers? Y / N**

Please fax this form to (661)324-6929 or mail to: Bakersfield Condors, Attn: Community Relations  
P.O. Box 1806, Bakersfield, CA. 93303