



PLAYER APPEARANCE FORM

Please fill out this form in its entirety to be considered for a player appearance. Once you download and fill out this form you can either e-mail it to community@killerbeehockey.com or fax it to (956) 843-6644. If you have more than one request please rank them in order of importance in case we can't fulfill more than one at a time.

Date: _____

Company Name: _____

501 (c) (3) Number or School Tax I.D. #: _____

Location of Event: _____

Arrival Time: _____

Mascot: Y N

If Yes who: _____

Players:

1. _____

2. _____

Topic of Presentation: _____

Directions: _____

*Wear game jersey unless told differently