



Sal the Salamander Request Form

Company/Organization Name: _____

Contact Name: _____

Address: _____

Phone: _____ **(Phone Day of Event):** _____

Email Address: _____

Date Needed: _____ **Time/Length Needed:** _____

Expected Attendance of Event: _____

Description of Event/Appearance: _____

Mascot Role in the Event: _____

Address of Event: _____

Terms and Conditions:

Appearance will be based on Sal's availability. Submitting this form does not guarantee an appearance.

Sal will need a secure and private changing room, before and during appearance.

One person will need to meet performer and escort them to the dressing room that will be provided.

If an uncomfortable situation arises at any time, the performer retains the right to cancel the appearance at anytime with no refund granted.

Sal does not speak, but communicates through pantomimes, posing for pictures and signing autographs.

I understand and agree to all of the above conditions:

Signature: _____ **Date:** _____

Email Address: austonm@salamandersbaseball.com

For Office Use Only:

Appearance Fee: \$ _____ **Payment Type:** _____
