



“BLOWIE” APPEARANCE REQUEST FORM

Please complete and return to Jamie Ballentine

Email: Blowie@blowfishbaseball.com Phone: (803) 254-FISH

Name: _____

Reason of Appearance: _____

Date of Appearance: _____

Time of Appearance: _____

Address of Appearance: _____

Directions: _____

Contact Person: _____

Phone Numbers: _____

Email and Fax: _____

Cost per Appearance: \$50/hour. Any appearance outside of a 30 mile radius will have an additional 44.5 cents/mile charge.

Other Details: _____

*Please provide the mascot with an appropriate and private dressing area. (No Bathrooms)

For Office Use Only:

Approved: YES NO

Date and Time approved: _____

Mascot Coordinator's Signature