



Mascot Appearance Request Form

Please type or print. Fill out completely and attach a map with detailed directions.

Event Name or Type of Event: _____

Date and Time (include start & end times) :

Type (circle one) : Paid Charitable (must be approved by RiverKings organization)

Event Location and Address:

_____ City State Zip Code

Contact Name: _____

Number: (_____) _____ - _____

e-mail: _____

On-site Contact Name & Number (cell):

Directions from Southaven, MS:

Event Theme: _____

Event Description (who benefits, who else will be in attendance):

Completion of this form is a request only and does not guarantee an appearance. All requests must be submitted at least three weeks prior to event.

Please Complete and Return To:
Mississippi RiverKings
Attn: Mascot Appearances
4560 Venture Dr.
Southaven, MS 38671
Communitydevelopment@riverkings.com
Fax: 662.342.1156
Phone: 662.342.1755

