

**Bridgeport Sound Tigers:  
PLAYER  
EVENT PARTICIPATION REQUEST**

**Event Date:** \_\_\_\_\_

**Event Time:** \_\_\_\_\_ to \_\_\_\_\_

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

**Address:** \_\_\_\_\_

**Contact:** \_\_\_\_\_

**Phone:** ( ) \_\_\_\_\_ **Fax:** ( ) \_\_\_\_\_

**Description of Event:** \_\_\_\_\_

**Expected Number of People:** \_\_\_\_\_

**Type of Activity Requesting:**    **Equipment Demo**        **Reading**        **Q&A**    **Other**

**If other please explain:** \_\_\_\_\_

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Terms and Conditions:

1. Fill out, sign and return to the address below or fax the agreement to the Community Relations Coordinator. Your event cannot be confirmed without receipt of this form, someone from the BST staff will contact you upon receipt.

Community Relations Department  
Bridgeport Sound Tigers  
600 Main Street  
Bridgeport, CT 06604  
Phone: (203) 345-2300 Fax: (203) 331-1405

2. If parking is a foreseen to be a problem, please provide a parking space for player (s).

3. Please include directions to the event from the Arena at Harbor Yard.

4. Please note that all Player Appearances are subject to Game and Practice Schedules.  
There are NO appearances available on Game Days.  
Weekday appearances available to start at 1:00pm, some exceptions available please call.

5. We will do our best to fulfill preferences for appearances but Specific Players cannot be guaranteed. Players subject to be changed without notice.

6. If any of the above requirements are not met or if an unreasonable situation arises the Bridgeport Sound Tigers retain the right to cancel or cease the appearance.

If you have any questions please contact the Community Relations Department at (203) 345-2300.

I understand and agree to all the above Conditions

Signature X \_\_\_\_\_ Date: \_\_\_\_\_