

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

Event Date: _____

Event Time: _____ to _____

Organization: _____

Contact: _____

Phone: () _____ **Fax:** () _____

Description of Event: _____

Expected Number of People: _____

Event is: **Outdoor** **Indoor** (please circle one)

Location of Event: _____

Address for Event: _____

Contact at Event: _____

Phone: () _____

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 the performer. One adult must be responsible for meeting the performer and escorting him to a dressing room.
3. The dressing room must be clean, private and secure before and after the performance. Public restrooms are not acceptable. The performer will also need scheduled breaks during the appearance, which will be discussed prior to the event.
4. It is important that Storm's identity be kept as private as possible please use discretion when greeting the mascot.
5. Please include directions to the event from the Arena at Harbor Yard.
6. The Bridgeport Sound Tigers and their employees are not liable for any injury or damages sustained as a result of the BST Mascot Appearance.
7. 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) 334-4625

I understand and agree to all the above Conditions

Signature X _____ Date: _____