



Community Spotlight Program

Presented By:



Organization: _____

Contact Name: _____

Address: _____

City/State/Zip: _____

Work Phone: _____ Cell Phone: _____

Email: _____

Game Date Choices:

(Please list your game day preferences in order)

- _____
- _____
- _____
- _____

Description of Organization & Promotion:

Completion of this form is a request only. Requests are filled on a first come, first serve basis. Please mail or email this completed form to the Wisconsin Timber Rattlers at the address listed.

WI Timber Rattlers
Attn: Community Relations
PO Box 7464 Appleton, WI 54912
dbaitinger@timberrattlers.com