



SCRAPPY APPEARANCE REQUEST FORM

CONTACT NAME: _____

ORGANIZATION: _____

ARE YOU A NON-PROFIT: YES NO

PHONE: _____ EMAIL: _____

NAME OF EVENT: _____

DATE OF REQUEST: _____

LENGTH OF TIME REQUESTED: _____

LOCATION OF EVENT: _____

WHAT IS EXPECTED OF SCRAPPY: _____

PLEASE **RETURN THIS FORM** AT LEAST **3 WEEKS** PRIOR TO YOUR EVENT DATE.
ALL FORMS SHOULD BE SUBMITTED TO KATE WALSH AT KWALSH@MVSCRAPPERS.COM.

NOTE: NOT ALL REQUESTS WILL BE ACCOMMODATED.

NON-PROFIT

\$50

PER HOUR

FOR PROFIT

\$75

PER HOUR



MAHONING VALLEY SCRAPPERS PROFESSIONAL BASEBALL • CLASS A AFFILIATE OF THE CLEVELAND INDIANS
WWW.MVSCRAPPERS.COM • 330.505.0000 • 111 EASTWOOD MALL BLVD. NILES, OH 44446

