



APPEARANCE REQUEST FORM

Appearance Fee:

\$100.00 per player/hour

\$100.00 for QuackerJack/hour

*** All fees based at an hourly rate.**

***Payment must be made in full 10 days before event.**

***Private changing room and water must be made available.**

CHECK MUST BE MADE OUT TO QUACKERJACK FOUNDATION

Duck Representative to be present:
QuackerJack: _____ Player: _____

Organization Name: _____ Phone #: _____

Address: _____

Contact Name: _____ Phone #: _____ Email: _____

Date of event: _____ Time of Event: _____

Event Location: _____

Day of Event Contact: _____ Day of Event Phone #: _____
(If different than above contact person) (If different than above contact phone #)

Type of Event: _____ # People Expected at Event: _____

Hours of appearance: _____ Time of Appearance: _____

Driving directions to appearance & any special instructions:

What is expected of Player/Mascot at this event?

I agree to these terms by signing below. I understand that submitting this form does not guarantee an appearance by a member of the Long Island Ducks. If the appearance is scheduled, I will be contacted by the community relations manager, and I will receive an invoice in the mail for the appearance fee.

Please sign here: _____ **Date:** _____