

# PORTLAND PIRATES MASCOT APPEARANCE APPLICATION FORM

Name of Requester: \_\_\_\_\_

Company/Organization: \_\_\_\_\_

Today's Date: \_\_\_\_\_

Mascot:  Salty Pete  Crackers

Contact Information:

Requester Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ --- \_\_\_\_\_

Fax: (\_\_\_\_) \_\_\_\_\_ --- \_\_\_\_\_

E-Mail address: \_\_\_\_\_

Requested date of appearance: \_\_\_\_\_

2<sup>nd</sup> Date if 1<sup>st</sup> is not available: \_\_\_\_\_

Requested time of appearance: \_\_\_\_\_

Address of appearance: \_\_\_\_\_  
\_\_\_\_\_

Payment Information:

\_\_\_\_\_ hours x \$75/hr = \$ \_\_\_\_\_

Appearance Fee: \$ \_\_\_\_\_

\_\_\_\_\_ miles x \$.55/mile = \$ \_\_\_\_\_

Mileage: \$ \_\_\_\_\_

Total Amount Due: \$ \_\_\_\_\_

Payment Type:

\_\_\_\_\_ Check \_\_\_\_\_ Cash \_\_\_\_\_ Credit Card **(Please do not send cash)**

\_\_\_\_\_ American Express \_\_\_\_\_ Visa \_\_\_\_\_ MasterCard

Card # \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Cardholder Signature: \_\_\_\_\_

For office use only:

Date of Request: \_\_\_\_\_

Amount Due \$ \_\_\_\_\_

Availability Confirmed: \_\_\_\_\_

Amount Received \$ \_\_\_\_\_

Confirmation Sent: \_\_\_\_\_

Remaining Balance \$ \_\_\_\_\_

Follow-up Sent: \_\_\_\_\_

Please fax/mail agreement form to:

Portland Pirates

94 Free Street

Portland, ME 04101

Fax: (207) 773-3278

For more information or inquiries, please contact Marc Gosselin at (207) 828-4665 x310 or [mgosselin@portlandpirates.com](mailto:mgosselin@portlandpirates.com)