



OGDEN KNIGHTS COMMUNITY APPEARANCE REQUEST FORM

Contact Information:

Organization/Company Name: _____

Contact Name: _____

Address: _____ City: _____ State: ___ Zip: _____

Phone: _____ Fax: _____ email: _____

Who are you requesting? (We cannot promise any specific players/dancers)

Players

Dancers

Staff

Appearance Information:

Event Name: _____

Date of Event: _____ Start Time: _____ End Time: _____

Type of Event: _____

Event Location/address: _____

Event Description: (please be as specific as possible, include personnel duties

Please mail your written request to:

Ogden Knights

Attn: Elyce Baumstark, Community Relations Department

1781 Washington Blvd

Ogden, UT 84404

*Upon receipt of your appearance request, you will be notified with a response from a Knights staff member. If your appearance is approved, you will be notified via phone or email to schedule appearance details.

FOR OFFICE USE ONLY

Appearance Confirmed: YES NO Staff: _____

Personnel in attendance: _____
