



PLEASE RETURN COMPLETED FORM TO
ALLISON NORGAARD

EMAIL: allison.norgaard@siouxfallsstorm.com

ADDRESS: 5901 S. Southeastern Ave,
Sioux Falls, SD 5710

PLAYER APPEARANCE REQUEST FORM

ORGANIZATION NAME _____

ADDRESS _____ PHONE (____) ____ - _____

CONTACT PERSON _____ CONTACT'S CELL PHONE (____) ____ - _____

CONTACT PERSON E-MAIL _____

ORGANIZATION TYPE:

- ___ Business
- ___ Charity/Non-Profit
- ___ Civic (Describe: _____)
- ___ School
- ___ Church

Event Information

Event Date ____/____/____

Event Start Time ____ AM/PM Event End Time ____ AM/PM

Physical Address of the Event _____
(Please attach driving directions from Denny Sanford Premier Center and an agenda for the event, if possible.)

Where should the Storm Member(s) park and meet when they arrive? _____
(If there are parking fees, event organizers responsible for all costs)

Event Specifics: (If Storm Member is to Speak) What type of topic is to be covered

Request Specific Storm Member(s) _____

Specific Response Date Needed by Group (do not state ASAP) ____/____/____

Preferred Player Attire

- ___ Appearance Outfit (Team Jersey, Slacks)
- ___ Casual (Team Jersey, Team Apparel, Jeans)
- ___ Business Professional (Dress Slacks, Shirt-Tie, Sport Coat)
- ___ Other _____