

S I O U X C I T Y

EXPLORERS

COMMUNITY APPEARANCE REQUEST FORM

Event: _____

Date: _____ Event Start Time: _____ Estimated Time of Event: _____

Location/Address: _____

Event Contact Name: _____ Event Contact Number: _____

Details of event: _____

Number of people attending: _____ Non-Profit: ☐ Yes ☐ No

You will be contacted regarding your request. Completion of this form does not guarantee an appearance.

Please return to: Sioux City Explorers 3400 Line Dr, Sioux City, IA 51106 or email to
Emily Trucke trucke@xsbaseball.com. For additional questions, please call 712-277-9467

