



Walt the Wolf Appearance Request Form

Organization/Company Name (If Applicable): _____

Primary Contact Name: _____

Primary Contact Phone Number: _____

Primary Contact E-mail: _____

Address: _____

Date of Event/Appearance: _____

Start Time: _____ End Time: _____

Event/Appearance Location: _____

Event/Appearance Location Address: _____

Please submit completed application to Wenatchee Wild Hockey. 1300 Walla Walla Ave.
Wenatchee, WA. 98801 or email the completed application to
zmorrison@wenatcheewildhockey.com