



APPEARANCE REQUEST FORM

*Completion of this form is a request only and does not guarantee an appearance.
All requests must be submitted at least 12 business days prior to event.*

Please type or print. Fill out completely. Please attach detailed directions.

Organization (if applicable): _____

Type: (please circle) Business Charity Church Civic School Other _____

Address: _____

City: _____ State: _____ Zip: _____ County: _____

Contact Name: _____ Email: _____

Phone: (day) _____ (evening) _____ Fax: _____

On-site Contact Name and Phone (Cell): _____

Event Name/Type of Event: _____

Event Sponsor: _____

Event Date: _____ Event Time: From _____ Until _____

Event Day: (please circle) Sunday Monday Tuesday Wednesday Thursday Friday Saturday

Event Location and Address: _____

City: _____ State: _____ Zip: _____ County: _____

Directions to Event (attach pages if necessary): _____

Event Theme: _____

K Crew's Role at Event: (please circle) Meet/Greet Autographs Posing for Photos Other _____

Number of K Crew members requested (minimum of 4): _____ Audience Size: _____ Age Range: _____

Please call (816) 504-4325 or email kcrew@royals.com with any questions.

**Please return completed form and directions to:
Kansas City Royals Baseball Club • K Crew • One Royal Way • Kansas City, MO 64129 • Fax: (816) 504-4144**