



STAX APPEARANCE REQUEST FORM

FEE: \$40 for half hour appearance

Organization/Company Name (If Applicable): _____

Contact Name: _____

Contact Phone Number: _____

Contact Email: _____

Address: _____

Date of Event/Appearance: _____

Start Time: _____ End Time: _____

Event/Appearance Location: _____

Event/Appearance Location Address: _____

Please completed form to:
Trail Smoke Eaters
1051 Victoria St
Trail BC, V1R 4L6
Or email: a.mccarthy@trailsmokeeaters.com