



PROMOTIONAL ACTIVITY REQUEST FORM

Name of organization requesting permission: \_\_\_\_\_

Contact person of organization / title: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Coach or staff member contact: \_\_\_\_\_

This organization is (please check)

- checkbox Institutional
checkbox Commercial
checkbox Local Sponsor
checkbox Educational [ K-8 / High School ] (please circle)
checkbox Corporate Sponsor
checkbox Non-Profit Organization (501-C3 of the IRS)
checkbox Other: \_\_\_\_\_

Student-athletes requested:

- 1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

\* If more than five student-athletes, please list separately.

Date and time of planed activity: \_\_\_\_\_

Location of planned activity: \_\_\_\_\_

Please describe the planned activity and purpose? \_\_\_\_\_

Expenses provided to the student-athlete: Meal(s): Breakfast [ ] Lunch [ ] Dinner [ ]

Overnight Lodging: [ ] Mileage: [ ] (not to exceed \$. 55 per mile) Other: \_\_\_\_\_

Will money be raised? Yes [ ] No [ ]

If "Yes" where or to whom will the proceeds go, and for what will they be used for? \_\_\_\_\_

Will there be co-sponsorship, advertisement or promotion of a commercial agency? Yes [ ] No [ ]

If "Yes", with whom? Describe printed material or use of logos/trademark. \_\_\_\_\_

I, \_\_\_\_\_, certify that all of the funds generated by the student-athlete's name, picture or appearance will be distributed directly to the charitable, educational or nonprofit agency, and that the agency understands and will adhere to all the NCAA rules listed on the back of this form. I understand that it is not permissible for the institution or its representatives to participate in a fund raising activity or event that will benefit any students in grades 9 through 12.

Signature of Contact Person of Organization \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

UA POLICY: Per institutional policy, a 30 mile radius on outreach activities for student-athlete participation has been adopted, due to time constraints with classes, practice, and competition. If you need further information, please contact Jill Lancaster at jlancaster@ia.ua.edu or 205-348-6618.

ATHLETICS COMPLIANCE OFFICE USE ONLY: This request has been: [ ] Approved [ ] Denied

Athletic Director or Designee Signature \_\_\_\_\_ Date \_\_\_\_\_