



**CENTRAL MICHIGAN UNIVERSITY
DEPARTMENT OF INTERCOLLEGIATE ATHLETICS
CMU ATHLETICS COMMUNITY IMPACT PROGRAM
TEAM/STUDENT-ATHLETE APPEARANCE REQUEST FORM**

Name of Organization: _____
Address: _____
Telephone: _____ Fax: _____ E-Mail: _____
Contact Person: _____ Title: _____

Your organization is:
_____ A privately owned entity (e.g., private business)
_____ A local or state government agency
_____ A charitable, educational or nonprofit agency
_____ A department/organization within Central Michigan University (e.g., fraternity, sorority, student government organization)
_____ Other (please describe): _____

Name of team/student-athlete(s) whose appearance is being requested (If applicable):

On what date(s) is/are the team/student-athlete(s) appearance requested?

For what time and duration are the team/student-athlete(s) appearance requested?

For what purpose is the team/student-athlete's(s') appearance being requested?

What will be the location of the team/student-athlete's(s') appearance?

Is the team/student-athlete's(s') appearance associated with any type of fund-raising activity? If yes, please specify where or to whom will the proceeds go, and for what purpose.

Will there be any co-sponsorship of the activity for which the student-athlete's(s') appearance is being requested? If yes, please identify the co-sponsor.

Central Michigan University Athletics staff and student-athletes are NOT permitted to participate in or provide memorabilia for fundraising activities or promotions that will directly or indirectly benefit any student(s) in grades 9-12. Also, Central Michigan student-athletes are NOT permitted to participate in any activities that are co-sponsored by a commercial agency or promote a commercial organization. *Team and/or student-athlete appearances cannot be guaranteed and can be canceled at any time.

Contact Person's Signature

Date

*If you have any questions, please call 989-774-3277

Marketing Representative
Signature

Date

Permission is granted for the team/student-athlete(s) to participate in the activity requested.

Compliance Representative
Signature

Date

Return this form to:

Marketing Department
Central Michigan University
Rose 100
Mt. Pleasant, MI 48859

Athletic Department Use Only:

Service Details

Dates of Service

Number of Hours

Dollars raised

Number of Student-Athletes Involved