Fresno State Athletics Compliance Office

OCCASIONAL MEAL APPROVAL FORM

To be submitted to the Athletics Compliance Office prior to date of meal

Coach/Staff Member/Rep. of Fresno State's Athletics Interest: _____

Sport: _____

Location of Meal: _____

Date & Time of Meal: _____

Student-Athletes present at Meal:

Coach/Staff Member

Please print the name of each student-athlete that will be in attendance at the meal. If your entire team is going to receive the occasional meal you can attach a roster to this page. Also, each student-athlete receiving the meal **MUST** sign next to his/her name.

Student-Athletes

By signing this form, I understand that I am only permitted to receive 9 meals per academic year (August – July). Only a coach or institutional staff member of Fresno State may provide the meal at a local restaurant. A coach, institutional staff member or representative may provide the meal at his/her home and transportation to and from the meal may also be provided.

Student-Athlete (print name)	*Student-Athlete Signature*

More room for names on back

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_____ _____

Signature of Coach/Staff Member *Date*

Athletics Compliance Office Approval

_____

Compliance Office Signature

****Approved per Bylaw 16.12.1.5**

cc: Athletics Business Office, Coach Involved (after approval)

Student-Athlete (print name)	*Student-Athlete Signature*