



Athletic Special Event Request Form

Name: _____ Today's Date: _____

Sport/Dept.: _____

Date/Time of Event: _____

Purpose of Event: _____

Outline of Event: _____

Attending? Student-Athletes Parents/Relatives Boosters Staff Other: _____

Will the event be open to the public? Yes No

Expected head count? _____

How will the event be advertised? Invitations Newspaper Press Release Website Newsletter

Other: _____

Who is paying for this event? Kansas Athletics Booster Club

What assistance will you need from WEF? _____

Please make sure you have filled out this form completely. Completed forms will be taken to the following offices for approval. Kelly Watson will notify you when your event has been approved.

Williams Educational Fund Director

Printed Name Signature Date

Associate Athletics Director for Compliance

Printed Name Signature Date

Sport Supervisor

Printed Name Signature Date