

**MARQUETTE UNIVERSITY  
DEPARTMENT OF INTERCOLLEGIATE ATHLETICS  
PROMOTIONAL/CHARITABLE REQUEST FORM**

Requestor's Name: \_\_\_\_\_

Organization Name: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Your organization is:

\_\_\_\_\_ A college/university or recognized entity thereof (e.g. fraternity, sorority, or student government organization.)

\_\_\_\_\_ A nonprofit organization or charitable or educational organization.

\_\_\_\_\_ Neither of the above

Will funds benefit a high school, middle school, or grade school? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, name of the school? \_\_\_\_\_

High School \_\_\_\_\_ Middle School \_\_\_\_\_ Grade School \_\_\_\_\_

Will educational or charitable activities be promoted? Yes \_\_\_\_\_ No \_\_\_\_\_

Will commercial ventures be promoted? Yes \_\_\_\_\_ No \_\_\_\_\_

Will there be co-sponsorship by a commercial agency? Yes \_\_\_\_\_ No \_\_\_\_\_

What type of promotional/fund-raising activity will be conducted? \_\_\_\_\_

What is being requested? \_\_\_\_\_

On what date is this request needed? \_\_\_\_\_ Will money be raised? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, will the proceeds go directly to your organization? Yes \_\_\_\_\_ No \_\_\_\_\_

Requestor's Signature \_\_\_\_\_ Date \_\_\_\_\_

I agree to use the student-athlete's name or appearance in accordance with NCAA rules and not to promote any commercial venture.

Student-Athlete's Signature (If speaking or other appearance) \_\_\_\_\_ Date \_\_\_\_\_

Will class be missed in order to participate? Yes \_\_\_\_\_ No \_\_\_\_\_

Compliance Officer's Signature \_\_\_\_\_ Date \_\_\_\_\_

**PERMISSION IS GRANTED FOR THIS REQUEST: YES \_\_\_\_\_ NO \_\_\_\_\_**

**\*ATTACHED TO THIS FORM MUST BE A FORMAL WRITTEN REQUEST\***