

MARQUETTE UNIVERSITY
Department of Intercollegiate Athletics
PROMOTIONAL/CHARITABLE REQUEST FORM

Requestor's Name _____ Daytime Phone _____

Organization Name _____

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.

Director of Marketing or Ticket Manager Signature (If merchandise/ticket request) _____ Date _____

Student-Athlete Signature (If speaking or other appearance) _____ Date _____

Will class be missed in order to participate? Yes _____ No _____

Assistant Athletics Director – Compliance Signature _____ Date _____

Permission is granted for this request Yes _____ No _____

**Attached to this form must be a formal written request.*