



University of Pittsburgh Promotional Activities Form



Part A: To be filled out by Activity Representative of Sponsoring Agency

Agency Name: _____ Contact Person & Phone #: _____

Event Name: _____ Event Date & Location: _____

Agency Description (Please check one):

Institutional

Charity

Educational

Other: _____

If a non-profit organization: will educational or charitable activities be promoted? _____ YES _____ NO

If a non-profit organization: will commercial ventures be promoted? _____ YES _____ NO

Will money be raised? _____ YES _____ NO

What type of promotional/fundraising activity will be conducted? _____ Location: _____

Will high school students in grades 9-12 benefit from the proceeds/funds being raised at this event? _____ YES _____ NO

Will there be co-sponsorship of the activity? _____ YES _____ NO

If YES, by whom?*

_____ *It is prohibited for your organization to use a student-athlete's name, picture or appearance to promote the sale of a commercial product.

Will the student-athlete(s) be involved in any activity related to their specific sport? _____ YES _____ NO

What expenses or benefits*, if any, will be provided to the student-athlete(s)? _____

*included, but not limited to: Meals, Lodging, Mileage Reimbursement, and Gifts

How will these expenses be paid for? _____

If the student-athlete(s) is traveling out of state, what is the total mileage from the campus to the location? _____

Would Pitt be permitted to photograph and/or video our student-athletes' involvement in this event? _____ YES _____ NO

"I can insure that the student-athlete's name, image or appearance will be used in a manner consistent with NCAA Bylaw 12.5.1 (attached)."

Signed: _____

Date: _____

Please return form to Zac Saunders at P.O. Box 7436, Pittsburgh, PA 15213, or via fax at (412) 648-8115.

Questions? - Please contact Zac Saunders directly at (412) 648-8237, or via email at zsaunders@athletics.pitt.edu.

Part B: To be filled out by Student-Athlete

"I am willingly participating in this activity and will not be missing any class to do so."

Signed: _____

Date: _____

Part C: Mandatory Athletic Department Signatures

Head Coach or Designee: _____

Date: _____

Compliance Office: _____

Date: _____

**This form must be completed in its entirety and approved by all entities prior to a student-athlete's participation in any type of activity.*

