

Providence College  
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 education organization

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

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

If yes, name of 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

---

Assistant Athletics Director-Compliance Signature

Date

Permission is granted for this request Yes \_\_\_ No \_\_\_

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