



Club/Intramural Sports Donation Request Form

Name of Event _____ Event Date: _____

Time: _____ Location: _____ Number of Expected Participants: _____

Club Sport: _____

Contact Person: _____ Phone: _____

Email: _____

Description of Event (Be Specific)

Are you charging a fee for this event? YES NO If Yes, How Much? _____

Please list the dollar amount you are requesting to be donated: \$ _____

If approved, you will be expected to list Dining Services as a sponsor on all advertising before and during your event. You will be emailed a logo to use upon approval.

Please describe in detail how you will recognize Dining Services Sponsorship: _____

Upon approval contact the University Catering office located in TSC room 232
at least 2 weeks prior to the date of the event to solidify the details

Signature of Approval – Jaclyn Gidley (Club Sports Coordinator)

Date

Printed Name