

**Providence College  
Department of Intercollegiate Athletics  
Promotional/Charitable Request Form**

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

**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** \_\_\_\_\_

**Associate Athletic Director-Compliance Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

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