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___________