



University of Louisiana-Lafayette COMPLIANCE OFFICE
APPEARANCE/DONATION REQUEST FORM

NAME: _____ PHONE: _____

ADDRESS: _____

NAME OF ORGANIZATION: _____

POSITION IN ORGANIZATION: _____

ORGANIZATION IS: _____ A member institution or recognized entity (e.g., fraternity, student government)
 _____ A non-institutional charitable, educational or nonprofit agency.
 _____ A member of the media (e.g., Radio or Television Station)
 _____ A member conference _____ None of the above

If a nonprofit organization, will educational or charitable activities be promoted? _____ Yes _____ No

If nonprofit organization, will commercial ventures be promoted? _____ Yes _____ No

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

What is UL Lafayette being asked to provide? _____

On what dates is this request needed? _____

Will money be raised? _____ Yes _____ No

If yes, where (or to whom) will the proceeds go? _____

If yes, what will the proceeds be used for? _____

Will there be any cosponsorship of the activity? _____ Yes _____ No

If yes, by whom? _____

Will there be advertisement or promotion by a commercial agency? _____ Yes _____ No

If yes, by whom? _____

(Please attach a sample copy (or description) of the advertisement or promotion)

Where will the event take place? _____

Will the student-athlete's appearance take place during the playing season? _____ Yes _____ No

Will the student-athlete's appearance (either before or after the event) be promoted or advertised in any way (name, pictures, etc.) _____ Yes _____ No _____ N/A

If yes, explain: _____

In case of an item being sold (auctioned or purchased) which bears the name or image of a student-athlete, the purchaser must agree that the item will not be associated with a commercial venture and will be used as a personal item only.

I have received a summary of the applicable NCAA regulations and I ensure that the student-athlete's appearance or donated item will be used in a manner consistent with NCAA regulations.

Activity Representative's Signature

Date

Student-Athlete's Signature (if applicable)

Date

For Compliance Use Only:

Name(s) of Student-Athlete(s) involved: _____

Will any of the involved student-athlete(s) miss class time due to their participation?
_____ Yes _____ No

Will the student-athlete(s) receive any expenses?
Transportation _____ Yes _____ No
Meals _____ Yes _____ No
Other _____ Yes _____ No

Comments: _____

Permission is granted for the student-athlete(s) to appear as outlined or for the specific item(s) to be donated to the named organization.

Compliance Officer

Date