

Sales and Solicitation Request Form

Group Name: _____

Name of Affiliated Organizations/
Departments/Student Groups: _____

Submission Date: _____ Event Date: _____

Event Location: Building: _____ Room Number: _____

Is the reservation confirmed? Yes No

Type of Event:

Bake Sale Merchandise Sale Ticket Sale
 Promotion Display Other - *please specify:* _____

Event Description:

Request Permission To:

Conduct Sale Sell/Distribute Food Erect Display
 Distribute Material Other - *Please Specify:* _____

If conducting a sale, indicate total value of items to be sold: _____

Who shall benefit financially from these sales: _____

Items Being Sold or Distributed: _____ Name of Supplier: _____

1. _____
2. _____
3. _____

Names of the Individuals Responsible for the Event:

Name	Email	Phone
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Name	Email	Phone
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If food is involved: Letter from Health Inspector Yes No

FOR INTERNAL PURPOSES ONLY:

Solicitation Approval: _____ Date: _____

Instructions:

Copies to: Hospitality Services

All sales must be approved through the Solicitations Committee, as per The On Campus Advertising Promotion, Sales and
Solicitation Policy

This form must be at each sale event.