



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
_____	_____	_____
_____	_____	_____

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.