



# Sales and Solicitation Request Form



Group Name: \_\_\_\_\_

Name of Campus Department or Organization \_\_\_\_\_

Your Group is Accredited through: \_\_\_\_\_

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
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.**