

Intercollegiate Athletics

**IMPORTANT:** Please read this form thoroughly. To receive a timely response, you must complete all of the information and submit the form to an authorized representative of the Department of Athletics at least two weeks prior to the event.

- \* Generally, only requests made by a bona fide charitable or educational organization will be considered.
- \* Per NCAA rules, we may not assist with requests benefitting high school groups or students, two-year colleges, most scholarship funds or sports teams that include participants in grades 9-12.
- \* Donated items may be auctioned only by the requesting organization.

*You must respond to each item below and sign the form. One form may be used for requests from multiple sports programs.*

**PLEASE ATTACH DOCUMENTATION DESCRIBING THE FUNDRAISING EVENT IN WHICH THE MEMORABILIA WILL BE USED (E.G., FLYER FOR EVENT, MEMO DESCRIBING EVENT).**

Name of Requesting Organization: \_\_\_\_\_

Organization Description:  Institutional  Charitable  Educational  Other \_\_\_\_\_

Is this organization labeled as a 501-C Non-Profit Organization?  Yes  No

If yes, please give 501-C Tax Identification Number: \_\_\_\_\_

Contact Person Name: \_\_\_\_\_ Contact Email: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Date of Event: \_\_\_\_\_ Location of Event: \_\_\_\_\_

**(Request must be received at least two weeks prior to event)**

1. Describe how the item provided will be used: \_\_\_\_\_

2. Is this a fund-raising event?  Yes  No

3. Please indicate the donation item you wish to receive and note that we may not be able to fulfill all requests: \_\_\_\_\_

- If your answer to question #2 above indicates that the item will be used for fundraising purposes, please complete question #4.
- If it will not be used for fundraising, please sign, date and submit this form.

4. Please describe how the proceeds, from this item or your fundraising event, will be used and who will benefit: \_\_\_\_\_

5. Comments or Additional Information: \_\_\_\_\_

**Statement of Understanding:**

I certify that I have read this form in its entirety and agree to use the item provided in accordance with NCAA rules.

Signature of Organization Representative \_\_\_\_\_ Date \_\_\_\_\_

**Return form to:**

**The Pennsylvania State University, Department of Intercollegiate Athletics  
Athletics Compliance Office  
111 Bryce Jordan Center  
State College, PA 16802  
Fax: 814-863-3472**

**FOR OFFICIAL ACTION**

Approved  Not Approved

Comments: \_\_\_\_\_

Director of Athletics/Designee  
cc: Head Coach of Sport  
Morgan Center

Date  
Appropriate Athletics Administrator

Agency Representative/Event Organizer