

Appendix C
Sales and Solicitation Form

CUSTOMER CONTACT INFORMATION			
Sponsoring Department/Organization/Company			
Contact Person		Advisor Name (If applicable)	
Mailing Address	City	State	Zip Code
E-mail Address	Phone #	Fax #	

EVENT INFORMATION			
Event Type			
<input type="checkbox"/> Social Event (<i>CUPD signature required</i>)		<input type="checkbox"/> T-Shirt Sales (<i>Central Spirit signature required; must attach copy of shirt design</i>)	
<input type="checkbox"/> Event with food (<i>ARAMARK signature required</i>)		<input type="checkbox"/> Event on grass (<i>FMO Landscape signature required</i>)	
Event Name/Description			
Event Date(s)	Event Start Time	Event End Time	
		AM / PM	AM / PM
		AM / PM	AM / PM
Attendants Include (select all that apply)		Estimated Attendance	Tickets/Admission Charged
<input type="checkbox"/> CU Students	<input type="checkbox"/> CU Faculty/Staff	<input type="checkbox"/> Other	<input type="checkbox"/> No <input type="checkbox"/> Yes

AREAS NEEDED – <i>if event will take place outdoors, please secure an alternate rain location</i>	
Area(s)	
Alternate Rain Location	

SIGNATURES REQUIRED FOR EVENT CONFIRMATION AND REGISTRATION			
Area Approval		Date:	
Area Approval		Date:	
HSC Desk (required)		Date:	
CUPD (required if alcohol is		Date:	
FMO Landscape (required if on a landscaped surface)		Date:	
ARAMARK (required if food is served)		Date:	
Central Spirit/Director of Licensing Approval (T-shirt sales only)		Date:	
Athletics (Federal Marked) (Tim Match)		Date:	

I HAVE READ AND UNDERSTAND THE SALES AND SOLICITATION POLICY, AND AGREE TO COMPLY WITH THESE GUIDELINES.			
Customer Signature:		Date:	