



## Sponsored Activity Request

THE FSU FOUNDATION, INC.

FSUF Sponsoring Fund: \_\_\_\_\_

Responsible Official: \_\_\_\_\_

Name of Activity: \_\_\_\_\_

Date(s) to be held: \_\_\_\_\_

Approval granted by Department, College or University for use of FSU facilities/resources:  Yes  No

Written Description of Activities:  Attached  Other: \_\_\_\_\_

Tentative Budget:  Attached

For Camps and Clinics, answer the following questions.

Is Activity 5 Days or More?  Yes  No

Age of Intended Audience: \_\_\_\_\_

Number of Anticipated Participants: \_\_\_\_\_

Registration Method:  On Site  Mail  Internet  Phone  Other: \_\_\_\_\_

Participant Release Form:  Attached  Not Applicable

Employee Contracts:  Attached  Not Applicable

\*Note: Background checks are required for everyone who is not employed full-time by FSU.

Criminal Disclosure Statements:  Attached  Not Applicable

Pool Use?  Yes  No

Proof of Insurance:  Attached  Other: \_\_\_\_\_

Note: Event planning should be suspended until the Responsible Official receives a copy of this form with all signatures. All events are assumed unapproved until the form is signed by all necessary persons.

**I certify that the stated requirements have been met.**

Event Director

Date

Approved by FSU VP for Administration and Finance

Date

Approved by FSU Conferences and Catering (if applicable)

Date

Approved by FSUF Executive Director

Date