



THE FSU FOUNDATION, INC.

Sponsored Activity Request

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

Return to FSUF in campus mail, or fax to 4069.