

Sales and Solicitation Request Form



Group Name:						
Name of Affiliated Or Departments/Student	•					
Submission Date:						
Event Location:	Building: _			Room Number:		
Reservation C	onfirmed?	Yes	No			
Event Type: (at least of	one required)					
□ Bake Sale		Merchandise Sale		Ticket Sale		Promotion Display
□ Other – please s	pecify:					
Event Description:						
Permission Request:	(at least one ı	required)				
□ Conduct Sale		Sell/Distribute Food		Distribute Material		Erect Display
□ Other – please s	pecify:					
If conducting a sale, i	ndicate total	value of items to be	sold:			
Who shall benefit fina	ncially from	these sales?				
If food is involved, Letter from Health Inspector?				Yes	No	N/A
Item(s) Being Sold/Distributed:			1	Name of Supplier:		
1						
2						
3						
Individual(s) Respons	ible for the E	vent:				
Name:		Email:		Pho	one:	
Name:		Email:		Pho	one:	
FOR INTERNAL PUR	POSES ONLY	-				
Solicitation Approva	l:		[)ate:		
Instructions:						
Copies to: Hos	pitality Servic	es				

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.** Submit completed forms to spevent@uoguelph.ca