Direct Sales/Solicitation Request Form

UNIVERSITY of GUELPH

Name of Group: _____

Name of Additional Organiztions/Departments Involved: _____

Date of Submission: _____

Type of Event: _____

Request for permission to:
- ☐ Conduct Sale
- ☐ Distribute Printed Material
- ☐ Other
- ☐ Erect Display
- ☐ Sell or Distribute Food
- ☐ Request Denied

Date of Event: _____

Location: Building _____ Room # _____

Have you confirmed the reservation? Yes ☐ No ☐

Describe Nature and Purpose of Event/Request: _____

_____

If Sale, please indicate total value of items to be sold: _____

Who shall benefit financially from these sales? _____

Please describe items to be sold: **Name of Supplier:**

1. _____
2. _____
3. _____

Names of Individuals Responsible for Event:

Name	Address	Telephone	Student #
Name	Address	Telephone	Student #

If food is involved: Letter from the Health Inspector Yes ☐ No ☐

For Internal use Only:

Solicitation Approval: _____ Date: _____

Committee Approval: _____ Date: _____

Instructions: _____

_____

Copies to : ☐ Registrar's Office ☐ Building Manager ☐ Information Desk ☐ Police

All sales must be approved through the Solicitations Committee, as per Administrative Policy No. GE. 20.0. **This form must be at each sale event.**