



REQUEST FOR ATHLETIC MEMORABILIA

Event Sponsor Information:

Event Name _____ Contact Person _____ Contact Phone# _____

Address (city,state,zip) _____

Date & Time of Event _____ Location of Event _____

Organization/Recipient:

- NIU
 Charitable
 Educational/School
 Community Service/Non-Profit

Memorabilia Request:

- FOOTBALL
 BASKETBALL
 W. BASKETBALL
 Other _____

Type of Memorabilia (Note: a \$30 invoice will be sent to organizations requesting an autographed game ball.)

- Autographed Game Ball
 Poster (free)
 Season Tickets
 Single Game Tickets
 Schedule Card (free)

Please answer the below questions:

- For what type of activity will this item be used? _____
- Will money be raised and who will the proceeds benefit? _____
- What is the deadline for receiving the item? _____
- Will there be any commercial sponsorship or co-sponsorship for your event? YES NO
- Will there be any advertisement or promotion of a commercial agency? YES NO

IF SUBMITTING THIS FORM AND REQUEST BY FAX, PLEASE FAX TO: NIU ATHLETICS @ 815-753-8887

Recipient Reminders:

Recipients of any donated item are required to send a letter to NIU Athletics acknowledging the donation was received and the amount of money the item raised. Thank you in advance for your willingness to cooperate with this request. Please note: proceeds may not benefit a high school or a high school athletic program (including students in the 8th grade).

PLEASE FAX THIS LETTER: **NIU Marketing, 815-753-7700**

NCAA Bylaw 12.5.1.1 Institutional, Charitable, Educational, or Nonprofit Promotions: A member institution or recognized entity thereof (e.g., fraternity, sorority, or student government organization), a member conference, or a noninstitutional charitable, educational, or nonprofit agency may use a student-athlete's name, picture, or appearance to support its charitable or educational activities or to support activities considered incidental to the student-athlete's participation in intercollegiate athletics, provided: The student-athlete receives written approval to participate from the director of athletics.

Approval Signatures:

FOR ATHLETIC DEPARTMENT USE ONLY

Signature of Senior Associate Athletic Director: _____ Date _____

Signature of Athletic Compliance Office: _____ Date _____