



# ITEM REQUEST FORM

*ALL requests are due (4) WEEKS prior to date needed*

**Return requests to:**

**WFU Athletics Compliance Office; PO Box 7716; Winston-Salem, NC 27109; or Fax: 336-758-3624**

**If you have questions please call (336) 758-4620.**

**(Submission must be accompanied with a letterhead request in regards to the use of the donation(s))**

### Autographed Football and Men's Basketball Policy

The purchase price of an autographed Football and Men's Basketball is \$50 each, plus an additional \$10 shipping and handling charge should you require the item(s) shipped. *There are a limited number available per season.* Check should be made payable to Wake Forest Athletic Association (WFAA). Item request is the only avenue through which one may secure an autographed Football or Men's Basketball from Wake Forest University.

Your Name: \_\_\_\_\_ Name of Organization: \_\_\_\_\_

Phone 1: (\_\_\_\_) \_\_\_\_\_ Phone 2: \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

#### Place a check by all that apply to this request

- |  |   |
|--|---|
| <input type="checkbox"/> Educational Agency <i>*Other than grades 9-12 or junior college</i> | <input type="checkbox"/> Non-Profit/Charitable Agency |
| <input type="checkbox"/> WFU Organization <i>If WFU Organization, state name: _____</i>      | <input type="checkbox"/> NCAA School                  |
| <input type="checkbox"/> Other <i>If Other, indicate: _____</i>                              | <input type="checkbox"/> Conference                   |

#### Place a check by the item(s) being requested

- Autographed Football *\*Head Coach Only*
- Autographed Men's Basketball
- Other Sports: Please indicate what sport(s) and items requested \_\_\_\_\_

\* (Associated shipping charges may apply)

Describe below the type of Promotional/Fund Raising Activity (Please attach copy of Flyer, if available):

\_\_\_\_\_  
\_\_\_\_\_

Date of the activity: \_\_\_\_\_

Name the beneficiary of this activity: \_\_\_\_\_

Is the beneficiary in grades 9-12 or have a child in grades 9-12? Yes \_\_\_\_\_ No \_\_\_\_\_

Will there be any outside organizations involved in the activity? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, whom: \_\_\_\_\_

Describe any advertising of the activity bearing the name(s) and/or picture(s) of student-athletes?

\_\_\_\_\_  
\_\_\_\_\_

X \_\_\_\_\_  
*Signature of Organization's Representative*

\_\_\_\_\_  
*Date*

***\*Completion of form does not guarantee accommodation.***

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***Wake Forest University Athletic Department Use Only***

- Permissible Activity based on NCAA Guidelines*
- Not Permissible*

\_\_\_\_\_  
*Wake Forest University Athletics Compliance Approval*

\_\_\_\_\_  
*Date*