

Submission Date:	

On Campus Special Event Solicitation Permit Request

Name of Event:					
Event Start Date:		Event Start Time:			
Event Finish Da	ate:	·	Event Finis	h Time:	
Event Contact	Name: Address:			_	
	Phone(s): E-Mail:				
Type of Event					
University Activ	rity 🔿	University Related E	vent (External	Event \bigcirc
170(b)(1)(a) of t	the Internal	ation that qualifies as Revenue Code and v of Contributions" sta	vill this soli		
If "Yes",	, attach pro	of of tax-deductible s	status.		
Type of solicitate additional details		place on NCSA cam	pus (Please	attach docur	ments for
		val of On-Campus So			
described in t	his docume	ol of the Arts grants a nt to solicit funds on cribed in the NCSA (the campus	of the Nort	th Carolina
			Yes O	No ○	
Chief Operating O	officer (or desi	gnated representative)			Date
			Yes O	No ○ ─	
Chief Academic Of	fficer (or desig	gnated representative)			Date

(This solicitation permit must be approved by both the Chief Operating Officer and the Chief Academic Officer)