**NDSU Memorial Union Product Distribution Request Form**

1. **This form is to be utilized by Student Organizations, or other Businesses who plan to distribute (free of charge) or sell products in or around the Memorial Union. If you are a student organization and will be selling these products, please complete ONLY the Fundraising Registration Form.**
2. **This form should be submitted to the MU Admin office in conjunction with the online reservations request form (**[**http://www.ndsu.edu/mu/event\_services/**](http://www.ndsu.edu/mu/event_services/)**). Approval must be obtained and submitted at least 2 weeks prior to advertising, or initiating fundraising efforts.**

**CONTACT INFORMATION:**

Requestor’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Organization, Department, Individual or Business Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \*Reminder: Student submitting reservation request must be one of the CSO identified student leaders.

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number: (\_\_\_\_\_)

On-Campus Adviser Name (if applicable):

**TARGET AUDIENCE:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**NON-FUNDRAISING TYPE:**

[ ] **Merchandise** (Requires NDSU Bookstore signature approval and NDSU Athletics signature and approval if using NDSU identifier)

[ ] **Food handouts - “Non-baked Goods”**- (Requires NDSU Dining Services signature approval, and NDSU Bookstore approval if similar item is

 sold in NDSU Bookstore or Herd Shop)

[ ] **Other**:

**LIST AND DESCRIBE ITEMS TO BE SOLD OR GIVEN OUT FREE OF CHARGE:**

**EVENT INFORMATION:**

Proposed Date(s): Time(s):

Event Name:

Location being used:

Description of Event:

 **Approval must be obtained and submitted at least 2 weeks prior to advertising or initiating fundraising efforts.**

**\***REQUIRED APPROVAL **ONLY IF** distributing items that duplicate **NDSU Bookstore** merchandise or services. **NDSU BOOKSTORE activities**

**Director/Designee:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_

\*REQUIRED APPROVAL **ONLY IF** distributing items that duplicate those of **NDSU Dining Services**.

**Dining/Catering Services Manager**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

\*REQUIRED APPROVAL **ONLY IF** distributing items that contain a licensed NDSU logo (includes NDSU, North Dakota State University, logos, etc.).

**NDSU Sr. Assoc. Athletics Director/Designee:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_

**REQUIRED approval from Memorial Union Office Room 246, for ALL activities.**

**Memorial Union Director:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_