



Oakland University
Game of Chance Proposal Form

Exhibit A

Department Information

Department Name:
Department Contact: (Individual responsible for responding to inquiries related to the game of chance)
Department Address:
Department Contact Phone Number:
Type of Request:
Department Contact Email Address:
Reason for Request:

Is the event to raise monies for the university or part thereof?
If no, please specify

Event Information

Date of Event:
Event Location
Probable audience or participants:
Proposed Drawing Date(s):
Proposed Drawing Time(s)
Raffle Ticket Price:
Expected revenue generated through game of chance activity:

Purpose for which the proceeds will be used:
Collection Preservation, Student Activities, Travel, Uniforms, Operating Expenses, Building Preservation, Faculty Research, Equipment, Scholarships, Other

Prizes

First Prize:
Second Prize (if applicable):
Third Prize (if applicable):
Minimum 50/50 Prize:

Game of Chance Requirements Checklist - Please acknowledge your understanding of the below items prior to conducting game of chance activity:

- Game of chance will be conducted in accordance to the University Game of Chance Policy.
Game of chance will be conducted on behalf of the University or part thereof.
Chairperson must complete Chairperson responsibilities' checklist.
Requestor will comply with applicable Michigan Charitable Gaming Rules and Regulations.
Financial statement MUST be completed and submitted to the State of Michigan by the tenth day of the month following the event.
Department will submit copies of all game records after each event to UA within 5 business days of receipt.
Department will submit list of donated prizes to UA with this proposal form.

Department Signature

Department Contact: _____ Date: _____

Approvals

Required Approval Signatures:

Document Preparer: _____ Date: _____

Department Head: _____ Date: _____

Vice President Finance: _____ Date: _____

Vice President UA: _____ Date: _____