



Oakland University  
Game of Chance Proposal Form

Exhibit A

**Department Information**

<b>Department Name:</b>	<b>Department Contact: (Individual responsible for responding to inquires related to the game of chance)</b>
<b>Department Address:</b>	<b>Department Contact Phone Number:</b>
<b>Type of Request:</b>	<b>Department Contact Email Address:</b>
<b>Reason for Request:</b>	

**Is the event to raise monies for the university or part thereof?**  Yes  No

If no, please specify \_\_\_\_\_

**Event Information**

<b>Date of Event:</b>	<b>Event Location</b>
<b>Probable audience or participants:</b>	
<input type="checkbox"/> Community <input type="checkbox"/> Award Recipients <input type="checkbox"/> Guests <input type="checkbox"/> Students <input type="checkbox"/> Members <input type="checkbox"/> Fans <input type="checkbox"/> Donors <input type="checkbox"/> Alumni <input type="checkbox"/> Other _____	
<b>Proposed Drawing Date(s):</b>	<b>Proposed Drawing Time(s)</b>
<b>Raffle Ticket Price:</b>	<b>Expected revenue generated through game of chance activity:</b>

**Purpose for which the proceeds will be used:**

Collection Preservation     Student Activities     Travel     Uniforms     Operating Expenses  
 Building Preservation     Faculty Research     Equipment     Scholarships     Other \_\_\_\_\_

**Prizes**

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

**Game of Chance Requirements Checklist - Please acknowledge your understanding of the below itemes 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: \_\_\_\_\_