**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?**

- [ ] Yes
- [ ] No

If no, please specify

**Event Information**

**Date of Event:**

**Event Location**

**Probable audience or participants:**

- [ ] Community
- [ ] Award Recipients
- [ ] Guests
- [ ] Students
- [ ] Members
- [ ] Fans
- [ ] Donors
- [ ] Alumni
- [ ] Other

**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.
<table>
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<th>Department Signature</th>
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<td>Department Contact: ____________________________ Date: ______________________</td>
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<td>Required Approval Signatures:</td>
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<td>Document Preparer: ____________________________ Date: ______________________</td>
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<tr>
<td>Department Head: ____________________________ Date: ______________________</td>
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<td>Vice President Finance: ______________________ Date: ______________________</td>
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<td>Vice President UA: ____________________________ Date: ______________________</td>
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