



Oakland University  
Game of Chance Proposal Form

Exhibit A

**Department Information**

Department Name:	Department Contact: (Individual responsible for responding to inquires 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: <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 _____	
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.

<b>Department Signature</b>	
Department Contact: _____	Date: _____
<b>Approvals</b>	
<b>Required Approval Signatures:</b>	
Document Preparer: _____	Date: _____
Department Head: _____	Date: _____
Vice President Finance: _____	Date: _____
Vice President UA: _____	Date: _____