

1. Student Organization / University Department: _____

a. Registered Student Organization: Yes No

b. Contact: _____ Phone: _____ E-mail: _____
Address: _____ City: _____ State: _____ Zip: _____

2. Artwork/Product Description _____

a. Product will be: (check all that apply)

- Sold to general public
- Given to members only
- Sold to members only
- Other _____

b. If product is sold, proceeds will be used for: (check one)

- Organization / Department Fund-Raiser
- Given to a Charitable Organization
- Special Event (describe below)
- Other _____

c. If Special Event: _____
Title of event _____ Date of event _____

3. Name of licensed screen printer: _____

a. Contact: _____ Phone: _____ E-mail: _____

b. Cost to you per unit: _____ (received from screen printer) c. Product will be sold for: _____

d. Please state product color(s): _____, _____, _____, _____

Approved

Royalty: Due Exempt