### Office of Compliance Services

### Form 12.1 Donation Request

This form, when signed by the requesting entity and approved by all appropriate Colonial Life Arena officials, allows a donation to occur as requested by the requesting entity. In submitting this form, the requesting entity recognizes that the following criteria MUST be met in order for a donation to be considered including:

- 1) The request <u>MUST</u> be submitted to the Colonial Life Arena at least four (4) weeks prior to the date of the donation fulfillment date
- 2) The request <u>MUST</u> include a fully completed copy of this form and submitted to the Colonial Life Arena for consideration
- 3) If a charitable group, the request MUST include a copy of the group's government recognized 501(c)3 status
- 4) Please email letter of request to mbknight@mailbox.sc.edu

If any of the above criteria are not met, requests for donations will be denied and returned. Please note that Colonial Life Arena reserves the right to approve or deny requests regardless of the permissibility of the request under NCAA rules.

Other (please provide explanation): Contact person for requesting group/agency Address (street, city, state, zip)  ECTION B: DONATION INFORMATION		lentification Number
Other (please provide explanation):  Contact person for requesting group/agency  Address (street, city, state, zip)  ECTION B: DONATION INFORMATION	Contact E-mail Address	
ECTION B: DONATION INFORMATION		
Address (street, city, state, zip)  ECTION B: DONATION INFORMATION		
	Phone #	Fax #
ECTION B: DONATION INFORMATION Name of Event Location of Event		
	Date of E	event
tem being requested? (e.g.: tickets to what event, etc.)		
Purpose for requesting the donation?		
Will the donation result in money being raised? ☐ Yes ☐ No		
If yes, please describe where the proceeds from the donation will be distributed:		
ECTION C NO. A DONATION OFFICE ONC		
ECTION C: NCAA DONATION QUESTIONS		
lease answer the following promotion/donation specific questions:	□ .	Yes □ No
1. Will funds raised by the donation directly or indirectly benefit a group?		
If yes to #1: Is the group associated with a high school or high school boost	101 810 mp.	Yes □ No
2. Will the funds raised directly or indirectly benefit an individual?		Yes □ No
<i>If yes to #2</i> : Is that individual a high school student?		Yes □ No
3. Will the funds raised go directly to a charity?		Yes □ No
4. What is the age range of the individuals who will benefit from the funds ra	aised?	
Below 9th grade		Yes □ No
High School (Grades 9-12)		Yes □ No
Post Secondary (Graduated from HS, not enrolled at a two year college)	Π.	Yes □ No

# Colomal Urite Arena

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### SECTION D: GROUP/AGENCY RECOGNITION OF TERMS AND CONDITIONS

I certify that I have filled out this form correctly and accurately to the best of my knowledge. I have read the terms and conditions for submitting this request to Colonial Life Arena and agree to abide by these terms and conditions, along with all NCAA rules and regulations. I understand that failure to provide accurate information on this form, or failing to abide by the terms and conditions of this request or NCAA rules and regulations may jeopardize the eligibility of student-athletes or may result in a NCAA violation.

Group/Agency Authorized Representative Signature		Date
SECTION E: INSTITUTIONAL APPROV	ALS (For University of South Carolir	na Use ONLY)
Office of Compliance Services Signature	Approval  ☐ Yes ☐ No	Date
Colonial Life Arena Signature	Approval □ Yes □ No	Date