

RAMS IN THE COMMUNITY EVENT REQUEST FORM

Date: \_\_\_\_\_

Event Description: \_\_\_\_\_

School/Organization: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Person & Title: \_\_\_\_\_ Phone: \_\_\_\_\_

If speaking engagement, what topic(s) would you like discussed?: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Grade Level(s): \_\_\_\_\_

Size of Audience: \_\_\_\_\_

Date of Program: \_\_\_\_\_

Time of Program: \_\_\_\_\_

Please Note: The Goodwill Rams requests are assigned two (2) weeks prior to the event. This allows adequate time to coordinate the schedules of the student-athletes. In addition, we cannot guarantee requests for individual student-athletes.

Please return form to: **Jen Seidel, Assistant Compliance Director**

Virginia Commonwealth University  
Sports Medicine Building, 2nd Floor  
1300 West Board Street  
PO Box 842003  
Richmond, VA 23284-2003  
Fax: (804) 828-4938

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For Goodwill Rams Use Only

- Compliance Approval
- Confirmed with Contact
- Confirmed with Sports Info.
- Evaluation form mailed
- Evaluation form returned

Possible Student-Athletes:

\_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_