



Department of Intercollegiate Athletics  
Athletic Ticket Office

4400 University Drive, MS 3A5, Fairfax, Virginia 22030  
Phone: 703-993-3270; Fax: 703-993-8578

**TICKET DONATION REQUEST FORM**

*ALL requests are due (2) WEEKS prior to date needed*

Return requests to: Mason Athletic Ticket Office, 4400 University Drive, MS 3A5, Fairfax, VA 22030

If you have questions please call 703-993-4112.

(Submission must be accompanied with a request in writing on letterhead in regards to the use of the donation(s))

Your Name \_\_\_\_\_ Name of Organization \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Email Address \_\_\_\_\_

**Place a check by all that apply to this request**

\_\_\_\_ Educational Agency *\*Note: NCAA regulations prohibit donations to grades 9-12 and/or junior colleges*

\_\_\_\_ George Mason Department *\*State name of dept.* \_\_\_\_\_

\_\_\_\_ Non-Profit/Charitable Agency

\_\_\_\_ Other *\*if other, please indicate:* \_\_\_\_\_

**Describe below the type of Promotional / Fund Raising Activity (Please attach copy of Flyer, if available)**

\_\_\_\_\_  
\_\_\_\_\_

Date of the activity: \_\_\_\_\_

Name of beneficiary of this activity: \_\_\_\_\_

Is the beneficiary in grades 9-12 or have a child in grades 9-12? Yes \_\_\_\_\_ No \_\_\_\_\_

Will there be any outside organization involved in the activity? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, whom? \_\_\_\_\_

X \_\_\_\_\_  
*Signature of Organization's Representative*

\_\_\_\_\_  
*Date*

*\*Completion of form does not guarantee accommodation*

**George Mason University Athletic Department Use Only**

\_\_\_\_ **Permissible Activity based on NCAA Guidelines**

\_\_\_\_ **Not Permissible**

\_\_\_\_\_  
*George Mason University Athletics Compliance Approval*

\_\_\_\_\_  
*Date*