



**PENN STATE UNIVERSITY INTERCOLLEGIATE ATHLETICS**

**REQUEST FORM FOR SPEAKING ENGAGEMENTS INVOLVING COACHES AND ICA STAFF**

Thank you for your interest in having a Penn State Coach or Athletics Staff Member speak at your forthcoming event. In order to ensure your request adheres to NCAA and institutional regulations the information requested below must be provided. Please note that requests for speakers must be made at least one month in advance of the event and that Penn State does not guarantee all requests will be approved.

**Coach/Staff Member Requested:** \_\_\_\_\_

**Requesting Group:** \_\_\_\_\_

**Primary Contact:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_ **Email:** \_\_\_\_\_

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

**Date and Time of Event:** \_\_\_\_\_

**Time of Preferred Arrival (If Different from Time of Event):** \_\_\_\_\_

**Event Location:** \_\_\_\_\_

**Purpose of Event:** \_\_\_\_\_

**Number of Attendees:** \_\_\_\_\_ **Audience Type (e.g., General Public, Students):** \_\_\_\_\_

**Will any high school age students be present:** Y: \_\_\_\_\_ N: \_\_\_\_\_

**Will Travel Expenses, Meals, or Accommodations be provided:** Y: \_\_\_\_\_ N: \_\_\_\_\_

**Will an Honorarium be provided to the coach:** Y: \_\_\_\_\_ N: \_\_\_\_\_ (If yes, amount : \_\_\_\_\_)

**Type of Event:**

\_\_\_\_\_ **Drop-In & Brief Remarks**

\_\_\_\_\_ **Lecture/Key Note**

\_\_\_\_\_ **Meet & Greet**

\_\_\_\_\_ **Reception/Party**

\_\_\_\_\_ **Ceremony**

\_\_\_\_\_ **Meeting**

\_\_\_\_\_ **Meal**

\_\_\_\_\_ **Other Describe:** \_\_\_\_\_

**Is the Event a Fundraiser:** Y: \_\_\_\_\_ N: \_\_\_\_\_ **Beneficiary of Fundraiser:** \_\_\_\_\_

*Note: fundraisers for athletics teams or prospective student-athletes will not be approved.*

**Preferred Topic of Remarks:** \_\_\_\_\_

**Length of Remarks:** \_\_\_\_\_ **Start Time of Remarks:** \_\_\_\_\_

**Total Time Commitment (including travel):** \_\_\_\_\_

**Notes/Comments (feel free to also attach any supporting documentation):** \_\_\_\_\_

Please submit the completed Speaker Review Form to: PSU Athletics Compliance Office  
157 Bryce Jordan Center; University Park, PA 16801 • FAX: 814.863.3472

**FOR INTERNAL USE ONLY:**

**Compliance Approval:** Y: \_\_\_\_\_ N: \_\_\_\_\_

**Date/Initials:** \_\_\_\_\_

**Notes:** \_\_\_\_\_