

Exhibit A

OAKLAND UNIVERSITY APPLICATION FOR GAME OF CHANCE APPROVAL

1) Type of Game of Chance requested:

2) Reason for request:

3) Name of sponsoring organization:

Address: _____

Telephone:

4) University Department that will supervise the event:

5) Fund # and subaccount to charge for application fee:

6) Date of event: _____ 20 __,

7) For Raffle-Time of Drawing:

8) Location of event:

9) Expected proceeds:

10) Purpose for which proceeds will be used:

11) Probable audience or participants:

12) Prize(s) to be offered:

1st Prize:

2nd Prize (if applicable):

3rd Prize (if applicable):

13) For Raffle-Ticket Price:

14) Aggregate value of prizes:

15) Probable source of prizes (if donated):

16) APPROVALS

Signature and Title of Sponsoring
Organization Representative

Date

Signature of Department Head

Date

Signature of Vice President

Date

Signature of Vice President for
University Relations

Date