



# Tickets Unlimited - Table Vending Program

## Category F - Fundraising

Amherst, MA 01003  
Main: (413) 545-0412  
Vending: (413) 545-0198  
Fax: (413) 545-0198

**Organization Name:** \_\_\_\_\_

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

**Organization Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Contact Person:** \_\_\_\_\_

**Contact Person Phone:** \_\_\_\_\_ **Alternate Phone:** \_\_\_\_\_

**E-mail Address:** \_\_\_\_\_ **Dates of fundraiser:** \_\_\_\_\_

**A. STATUS**

1. What is your affiliation with the organization? \_\_\_\_\_

2. Has your organization ever used the vending program before?    YES    NO  
a. If yes, when? \_\_\_\_\_

**B. NATURE OF BUSINESS**

List the items(s) your organization plans to vend. *(If vending food, please submit a copy of a completed food waiver to Tickets Unlimited)*

**C. DECLARATION**

I declare that all statements made on this application are true and correct. I recognize that if evidence contradicting any of the statements made on this application arises, that I and my organization are subject to the forfeit of all table space privileges.

**I have read and understand the current Tickets Unlimited - Table Vending Policy and agree to abide by its provisions as administered by Tickets Unlimited and the Campus Center/Student Union Administration.**

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_

*For office use only*

*Action Taken:*    Approved    Not Approved    *Date:* \_\_\_\_\_    *Vending Officer* \_\_\_\_\_