



COCA-COLA PRODUCT REQUEST FORM

Complete and return this form to Student Programs in Suite G02 in the LBC at least **two weeks** before date of the event.

Contact Persons

Student's name _____

Address _____

Phone _____ E-mail _____

Staff adviser's name _____

Address _____

Phone _____ E-mail _____

Event Information

Title of event for which Coke is requested _____

Date of event _____ Time of event _____

Location of event _____ Rain location _____

Purpose of event _____

Target audience _____

Expected attendance _____

Amount and type of Coke product requested (i.e., 3 cases of Coke and 1 case of Diet Coke) _____

Why should Coke support this event (less than 50 words) _____

Please note: we have a limited supply of Coke products for the entire campus. Be reasonable and realistic with your requests. Preference will be given to programs that have a campus-wide audience.

