

CAMPUS SERVICES



REPRESENTATIVES/SPONSORS/EXHIBITORS ON UNIVERSITY GROUNDS

1. Business Name of Representative/Sponsor/Exhibitor: \_\_\_\_\_  
 Contact Name: (Please print) \_\_\_\_\_  
 Telephone: \_\_\_\_\_ Mobile: \_\_\_\_\_  
 Nature of Sponsorship/Exhibit: (Please give details) \_\_\_\_\_

Are charges involved: Yes  No   
 Please give details: \_\_\_\_\_

2. Business Name of Representative/Sponsor/Exhibitor: \_\_\_\_\_  
 Contact Name: (Please print) \_\_\_\_\_  
 Telephone: \_\_\_\_\_ Mobile: \_\_\_\_\_  
 Nature of Sponsorship/Exhibit: (Please give details) \_\_\_\_\_

Are charges involved: Yes  No   
 Please give details: \_\_\_\_\_

3. Business Name of Representative/Sponsor/Exhibitor: \_\_\_\_\_  
 Contact Name: (Please print) \_\_\_\_\_  
 Telephone: \_\_\_\_\_ Mobile: \_\_\_\_\_  
 Nature of Sponsorship/Exhibit: (Please give details) \_\_\_\_\_

Are charges involved: Yes  No   
 Please give details: \_\_\_\_\_

I certify that a background check has been completed by UniLife and confirm each of the above listed Representatives/Sponsors/Exhibitors do not have a conflict of interest in any way or form with UniLife or the University of South Australia.

\_\_\_\_\_  
 Name of Activities Coordinator Signature of Activities Coordinator

*If there is insufficient space provided please complete an additional CS56 Representatives/Sponsors/Exhibitors on University Grounds Form.*

**PLEASE ATTACH AND SUBMIT WITH THE CS12 STUDENT GROUP/ CLUB/ SOCIETY FUNCTION APPROVAL FORM TO THE RELEVANT FM ASSIST OFFICE**

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