OCCASIONAL TEAM MEAL PRE-APPROVAL FORM
Office of Athletic Compliance

NCAA BYLAW 16.12.1.5 Occasional Meals. “A student-athlete or the entire team in a sport may receive an occasional meal in the locale of the institution on infrequent and special occasions from an institutional staff member. An institutional staff member may provide reasonable local transportation to student-athletes to attend such meals.

A student-athlete may receive an occasional family home meal from a representative of athletics interests on infrequent and special occasions under the following conditions:

a) The meal must be provided in an individual’s home (as opposed to a restaurant) and may be catered; and,

b) A representative of the institution’s athletics interests may provide reasonable local transportation to student-athletes to attend the meal function only if the meal function is at the home of that representative.”

ATHLETIC DEPARTMENT POLICY: All occasional meals that will make use of departmental money must have prior approval from the Athletics Compliance Office before planning an occasional meal. Occasional meals will be limited to one time per month, unless approved through special request. All occasional meals provided by a representative of athletics interests must go through the same process as stated above.

Team: _____________________________________________ Date of Meal: ________________________________

NOTE: PLEASE ATTACH A LIST OF STUDENT-ATHLETES

Semester: Fall 20_______ Spring 20_______ Summer 20_______

Request made by: ☐ Coach ☐ Athletics Administrator

☐ Representative of Athletics Interest ☐ Other ______________________________

Location where meal will be held: ________________________________________________

Will transportation be provided? ☐ Yes ☐ No

Approximate Cost: ___________________________ Account #: __________________________

AGREEMENT: I have read this Occasional Meal Request Form and agree to abide by all of the terms and conditions set forth per NCAA rules.

__________________________________________ Date

Signature of Coach/Administrator/Other

DO NOT WRITE BELOW THIS LINE.

☐ Approved ☐ Not Approved

__________________________________________ Date

Compliance Office Signature

__________________________________________ Date

Administrative Signature