



UNIVERSITY OF ARKANSAS ATHLETICS COMPLIANCE

Parent of a Student - Athlete Occasional Meal Form (NCAA Bylaw 16.11.1.8)

*Please submit requests to the Compliance Office at least 3 days prior to the meal.
All occasional meals must receive prior approval from the Compliance Office.*

NCAA Rules to Remember

Occasional meals may be provided to team members by another student-athlete's family member at any location.

Sport: _____

Parent Name: _____ **SA:** _____

Location of Meal: _____

Date: _____ **Time:** _____

Persons attending: Please list **all** individuals who will attend and their relationship to the Athletics Department (e.g., coach, student-athlete, parent of student-athlete, etc.) Please attach a list if necessary.

NAME	RELATIONSHIP	NAME	RELATIONSHIP
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

By signing the below, I certify that the information reported on this form is complete and accurate and that the meal will be served in my home.

Parent's Signature _____ **Date** _____

The occasional meal request has been: Approved Denied

Compliance Office _____ **Date** _____