

EVENT CO-SPONSORSHIP AGREEMENT

Event: _____ Date of Event: _____

Location: _____ Time of Event: _____ Total Cost of Event: _____

Event Details/Info: _____

Sponsoring/Coordinating Club/Organization: _____

Co-Sponsoring Organizations (list all): _____

TERMS AND CONDITIONS

Sponsoring/Coordinating Organization Responsibilities: _____

Name of Event Coordinator: _____

Co-Sponsor 1: _____ Representative's Name: _____

Responsibilities: _____

Financial Contribution (if applicable): \$ _____ University Account Number: _____

Rep. Signature: _____ Date: _____ Advisor Signature: _____ Date: _____

Co-Sponsor 2: _____ Representative's Name: _____

Responsibilities: _____

Financial Contribution (if applicable): \$ _____ University Account Number: _____

Rep. Signature: _____ Date: _____ Advisor Signature: _____ Date: _____

Co-Sponsor 3: _____ Representative's Name: _____

Responsibilities: _____

Financial Contribution (if applicable): \$ _____ University Account Number: _____

Rep. Signature: _____ Date: _____ Advisor Signature: _____ Date: _____

THIS AGREEMENT IS NOT BINDING UNTIL ALL SIGNATURES ARE OBTAINED.