



STUDENT ACTIVITIES
&
LEADERSHIP
Co-Sponsorship Agreement

Program Name:

Event Date:

Event Time:

Location:

Total Cost of Event:

Program Description:

Primary Sponsor:

Address:

City: State: Zip:

Phone:

Account #:

Co-Sponsor:

Address:

City: State: Zip:

Phone:

Account #:

Primary Sponsor Responsibilities:

Co-Sponsor Responsibilities:

We have read and agree to the conditions listed above regarding this co-sponsorship. We understand that as the official representatives of our organization, we are responsible for meeting the criteria listed above and for any payments or reimbursements involved. At least one representative (student or advisor) must sign this agreement.

Primary Sponsor Representative: _____ **Date:** _____

Primary Sponsor Advisor: _____ **Date:** _____

Co-Sponsor Representative: _____ **Date:** _____

Co-Sponsor Advisor: _____ **Date:** _____