Student Organization’s Co-Sponsorship Agreement

The information provided below constitutes a co-sponsorship agreement between the Drew University organizations listed for the program outlined below.

**Name of Sponsoring Groups**

1. ____________________________ 2. ____________________________
3. ____________________________ 4. ____________________________

**General Program Information**

Title of Program:

____________________________________________________________

Purpose of Program:

____________________________________________________________

Date of Program:

____________________________________________________________

Time of Program:

____________________________________________________________

Location of Program:

____________________________________________________________

Name of group that holds the facility reservation:

____________________________________________________________

**Finance and Contract Information**

Admission Charge: ___________________
Organization #1
Account#/Location: ______________________________
Treasurer Name: ________________________________
Treasurer e-mail: ________________________________
Expenses to be paid from this acct: ________________________________
_________________________________________
_________________________________________
Responsible for how much debt? ________________________________
_________________________________________
Receive how much profit? ________________________________

Organization #2
Account#/Location: ______________________________
Treasurer Name: ________________________________
Treasurer e-mail: ________________________________
Expenses to be paid from this acct: ________________________________
_________________________________________
_________________________________________
Responsible for how much debt? ________________________________
_________________________________________
Receive how much profit? ________________________________

Organization #3
Account#/Location: ______________________________
Treasurer Name: ________________________________
Treasurer e-mail: ________________________________
Expenses to be paid from this acct: ________________________________
_________________________________________
_________________________________________
Responsible for how much debt? ________________________________
_________________________________________
Receive how much profit? ________________________________

Organization #4
Account#/Location: ______________________________
Treasurer Name: ________________________________
Treasurer e-mail: ________________________________
Expenses to be paid from this acct: ________________________________
_________________________________________
_________________________________________
Responsible for how much debt? ________________________________
_________________________________________
Receive how much profit? ________________________________
Production Information (set up/break down/physical arrangement)

Organization #1
Task: ______________________________________
# of support persons needed: ___________________
Task: ______________________________________
# of support persons needed: ___________________
Task: ______________________________________
# of support persons needed: ___________________

Organization #2
Task: ______________________________________
# of support persons needed: ___________________
Task: ______________________________________
# of support persons needed: ___________________
Task: ______________________________________
# of support persons needed: ___________________

Organization #3
Task: ______________________________________
# of support persons needed: ___________________
Task: ______________________________________
# of support persons needed: ___________________
Task: ______________________________________
# of support persons needed: ___________________

Organization #4
Task: ______________________________________
# of support persons needed: ___________________
Task: ______________________________________
# of support persons needed: ___________________
Task: ______________________________________
# of support persons needed: ___________________

Ticket Sales (if applicable)
Organization coordinating ticket sales process:
____________________________________________________________________________________
Name of Person: _______________________________________________________________________
Location of Sales: _____________________________________________________________________
Organization Printing Tickets: ___________________________________________________________
Sales Deposited in Account #: ______________________
**Hospitality**

Greet artist(s), provides arrangements for dressing rooms, refreshments, and/or reception.

Organization Name: ____________________________________________ How many people? ________

Task: ________________________________________________________

Organization Name: ____________________________________________ How many people? ________

Task: ________________________________________________________

**Publicity**

Organization Name: ____________________________________________ How many people? ________

Task: ________________________________________________________

Organization Name: ____________________________________________ How many people? ________

Task: ________________________________________________________

**Any Additional Information:**

________________________________________________________________________________________
__________________________________________________________________________________________
Participating Organization Officers Sign Below

(signing below indicates your organization’s commitment to the successful execution of this program)

For:__________________________________________
   (student organization #1)

By:_________________________________________
   (name)

____________________________________________
   (position)

____________________________________________
   (signature)

Phone #:___________________________________
Date: ______________________________________

For:__________________________________________
   (student organization #2)

By:_________________________________________
   (name)

____________________________________________
   (position)

____________________________________________
   (signature)

Phone #:___________________________________
Date: ______________________________________

For:__________________________________________
   (student organization #3)

By:_________________________________________
   (name)

____________________________________________
   (position)

____________________________________________
   (signature)

Phone #:___________________________________
Date: ______________________________________

For:__________________________________________
   (student organization #4)

By:_________________________________________
   (name)

____________________________________________
   (position)

____________________________________________
   (signature)

Phone #:___________________________________
Date: ______________________________________

A completed copy of this Agreement must be submitted to your Faculty/Staff Advisor.
A completed copy of this Agreement will remain on File in the Office of Student Activities.