

Drew University Office of Student Activities

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 #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 #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 #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)

For: _____
(student organization #2)

By: _____
(name)

By: _____
(name)

(position)

(position)

(signature)

(signature)

Phone #: _____

Phone #: _____

Date: _____

Date: _____

For: _____
(student organization #3)

For: _____
(student organization #4)

By: _____
(name)

By: _____
(name)

(position)

(position)

(signature)

(signature)

Phone #: _____

Phone #: _____

Date: _____

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.*