CO-SPONSORSHIP AGREEMENT

Name of Event:
Location:
Date of Event:

1) Co-Sponsoring Student Organization
Student Organization:

Student Contact:

Telephone:

Email:

Advisor:

Group President Name:

SOFO Acct #:

2) Co-Sponsoring Student Organization
Student Organization:

Student Contact:

Telephone:

Email:

Advisor:

Group President Name:

SOFO Acct #:

If there are additional co-sponsors or information, please attach it to this form.

Use the space below to specify the responsibilities of each group include deadlines and budget:

- **How is the programming/event planning divided?** (This includes reserving rooms, contacting agents, sending and submitting contracts, meeting with advisors)

- **How is payment divided?** (This includes the portion of money each group is contributing, if the money is for AV, food, etc… and if there is a profit, how the profits will be divided)

- **How will the responsibilities of the night of the event be divided?** (This includes picking up the artist, taking tickets, introducing speakers, clean up)

We agree to the information provided above.
Group 1) signature _____ print name: _____ date: _____
Group 1) advisor _____ print name: _____ date: _____
Group 2) signature _____ print name: _____ date: _____
Group 2) advisor _____ print name: _____ date: _____