



## COSPONSORSHIP AGREEMENT

Submit this form to Michele Golightly, Office Coordinator, in the Office of Student Life (KC 110) in advance of any event that is being funded by more than one organization or department. Staff signatures are required to approve funding expenditures.

**Event Title:** \_\_\_\_\_

**Event Date & Time:** \_\_\_\_\_

**Location of Event:** \_\_\_\_\_

**Primary Sponsoring Organization:** \_\_\_\_\_

**Cosponsoring Organization:** \_\_\_\_\_

Cosponsor agrees to provide (check all that apply):

Funding in the amount of \$\_\_\_\_\_ to be used for \_\_\_\_\_

Number of members to work event \_\_\_\_\_

Assistance with publicity, such as \_\_\_\_\_

Other (Please specify) \_\_\_\_\_

It is understood that the Primary Sponsor will retain control of the program and all decisions pertaining thereto. Primary Sponsor also retains liability and accountability for all aspects of the program, except as noted above. This document contains the entire agreement for this co-sponsorship and may not be altered without the written consent of both parties.

### Agreed and Accepted:

The individuals signing below warrant that they are the official representatives of their respective organizations and that they are authorized to sign on behalf of said organizations.

#### Primary Sponsoring Organization

#### Cosponsoring Organization or Department

\_\_\_\_\_  
Name of Representative (Print)

\_\_\_\_\_  
Name of Representative (Print)

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Advisor or GVSU Administrator Signature    Date

\_\_\_\_\_  
Advisor or GVSU Administrator Signature    Date

#### For Office of Student Life Use Only:

Account Numbers and Chargeable Amounts: