



COSPONSORSHIP AGREEMENT

Submit this form to Krista McFarland, Office Coordinator, in the Office of Student Life (KC 1110) 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: