

Student Government Association Co-Sponsorship Form

SGA Use Only:		
□ Supported □ Denied		
Date:		
Money Approved: \$		
SGA CVP Initial:		
Treasurer Initial:		

			1
Name of Organization(s):			
Contact Name:		P	hone #:
Proposed Event Inform			ole, use extra sheets if necessa
Name of Event:			
Type/Description of Even	t:		
Event Date (if known):			Time:
Will you be charging adm			
If yes, what will the mone			
What would your organiza	ation like SGA to	contribute to the event?	(Check all that apply)
\square Funding	\square Publicity	☐ Giveaways	
\square Volunteers:	\square Set Up	\Box During	□ Clean Up
□ Other (Please 1	Explain)		
If you requested funding	g, how much wo	uld your organization	n need? \$
Please attach a	concise budget	breakdown of what ı	vill be purchased.
If you checked any othe	_	_	-
volunteers):	i box piease spe	city what of now man	iy you need (including
Prin	nt /	Sign	/ Date
Club President			
Club Treasurer			