



Student Organization's Co-Sponsorship Contract

The information provided below constitutes a co-sponsorship agreement between the Rutgers University organizations listed for the program outlined below.

- This form must be completed no later than 3 weeks before the event.
- If your organization did not receive funding for this event from RUSA Allocations and you intend to co-sponsor, you must use your Generated Revenue (line 137).

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: _____

Program Responsibilities? _____

Receive how much profit? _____

Organization #2

Account#/Location: _____

Treasurer Name: _____

Treasurer e-mail: _____

Expenses to be paid from this acct: _____

Program Responsibilities? _____

Receive how much profit? _____

Organization #3

Account#/Location: _____

Treasurer Name: _____

Treasurer e-mail: _____

Expenses to be paid from this acct: _____

Program Responsibilities? _____

Receive how much profit? _____

Organization #4

Account#/Location: _____

Treasurer Name: _____

Treasurer e-mail: _____

Expenses to be paid from this acct: _____

Program Responsibilities? _____

Receive how much profit? _____

Notes

Participating Organization Officers Sign Below

(signing below indicates your organization's commitment to the successful execution of this program)

By Student Organization 1:

By Name: _____

Position _____

(signature)

Email: _____

Date: _____

Admin. Advisor Signature: _____

By Student Organization 2:

By Name: _____

Position _____

(signature)

Email: _____

Date: _____

Admin. Advisor Signature: _____

By Student Organization 3:

By Name: _____

Position _____

(signature)

Email: _____

Date: _____

Admin. Advisor Signature: _____

By Student Organization 4:

By Name: _____

Position _____

(signature)

Email: _____

Date: _____

Admin. Advisor Signature: _____

EACH CO-SPONSORING ORGANIZATION IS RESPONSIBLE FOR TRANSFERING FUNDS INTO THE PRIMARY ORGANIZATION'S ACCOUNT ONCE CO-SPONSORSHIP AGREEMENT IS COMPLETED.

Primary Organization, please provide a copy of this completed form to your administrative advisor.
Please be sure all participating organizations have a copy of the completed agreement as well. This form must be completed no later than 3 weeks before the event.