



**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**

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**Participating Organization Officers Sign Below**

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

By Student Organization 1:

By Student Organization 2:

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By Name: \_\_\_\_\_

By Name: \_\_\_\_\_

Position \_\_\_\_\_

Position \_\_\_\_\_

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(signature)

(signature)

Email: \_\_\_\_\_

Email: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_

Admin. Advisor Signature: \_\_\_\_\_

Admin. Advisor Signature: \_\_\_\_\_

By Student Organization 3:

By Student Organization 4:

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By Name: \_\_\_\_\_

By Name: \_\_\_\_\_

Position \_\_\_\_\_

Position \_\_\_\_\_

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(signature)

(signature)

Email: \_\_\_\_\_

Email: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_

Admin. Advisor Signature: \_\_\_\_\_

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.