



SPONSORSHIP/CO-SPONSORSHIP REQUEST FORM

DATE:

STAFF/FACULTY INFORMATION

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

Job Title: \_\_\_\_\_

Coordinator: \_\_\_\_\_

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

Smart Key Number: \_\_\_\_\_

EVENT INFORMATION

1. Event Description:

2.

\_\_\_\_\_

3. Event Type:

- Speaker/Reading
- Panel Discussion
- Film
- Art Exhibit
- Other

Event Location: \_\_\_\_\_

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

Event Time: \_\_\_\_\_

Target Audience: \_\_\_\_\_

4. Financial Request (Please list dollar amount and state how the funds will be allocated)

\_\_\_\_\_

5. Other Co-sponsorships Requested

6. Other Co-sponsorships Received

OFFICE USE ONLY

Approved \$ \_\_\_\_\_

Not Approved

Approved by \_\_\_\_\_ (sign or attach email approval)