



**COLLABORATION (CO-SPONSORING) FORM**

Event/Program Name: \_\_\_\_\_

Location/Date/Time: \_\_\_\_\_

Date Partnership Begins:  
\_\_\_\_\_

**ORGANIZATION/DEPARTMENT/ENTITY #1:** \_\_\_\_\_

Contact Person: \_\_\_\_\_  
*Name* *E-mail*

Responsibilities for the Event/Program: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ORGANIZATION/DEPARTMENT/ENTITY #2:** \_\_\_\_\_

Contact Person: \_\_\_\_\_  
*Name* *E-mail*

Responsibilities for the Event/Program: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Organization/Department/Entity #1**

**Organization/Department/Entity #2**

\_\_\_\_\_  
*President/Group Leader's Signature* *Date*

\_\_\_\_\_  
*President/Group Leader's Signature* *Date*

\_\_\_\_\_  
*Advisor's Signature* *Date*

\_\_\_\_\_  
*Advisor's Signature* *Date*