Campus Activities Board
Co-sponsorship Form

Student organizations wishing to be considered for co-sponsorship with the Campus Activities Board (CAB) must fill out this form. Please note, the student organization must be in “good standing” with the college and be an official organization as recognized by the Student Activities Office.

This application should be returned to Elizabeth Johnson or emailed to ejohns20@gustavus.edu at least **FOUR WEEKS** prior to the event. However, please feel free to contact us; we can discuss special circumstances on a case-by-case basis.

Contact Person: ___________________________   Email: ___________________________

Name of Event: ______________________________________________________________________

Organization: ___________________________   Date of Event: ___________________________

Event Location: ___________________________   Time of Event: ___________________________

Setup Time Length: ________   Clean-up Time Length: ________   Expected Attendance: ________

Description of Event:

How will this event benefit the college community?

Why are you seeking CAB support for this event?

(over)
Beyond monetary assistance, what role would you like the CAB Executive Board members to play in this event? Please check all that apply.

___ CAB Exec present at your meeting(s)  Number of Executives needed: ___
___ Logistical Planning/Support Prior to the Event  Number of Executives needed: ___
___ Setup  Number of Executives needed: ___
___ Clean-up  Number of Executives needed: ___
___ Support at the event  Number of Executives needed: ___
___ Publicity  Number of Executives needed: ___
___ Other: ________________________________

**Estimated Cost of Event**
Please fill out this portion of the form to your best ability. We understand that you may not know all the details at this time in the planning process.

$ ________  Event
$ ________  Supplies
$ ________  Publicity
$ ________  Food/Drink at Event
$ ________  Other  __________________________
$ ________  Other  __________________________

$ ________  Total Cost of Event

Requested amount of funding from CAB: $ ________

Other funding sources: (Indicate both the funding amount and other sponsoring organizations such as Senate, Peer Assistants, Center for Servant Leadership)

Signature of Contact Person: ________________________________________________________

Date of Submission: ________________

**Campus Activities Board use ONLY:**

Meeting Date: ________________  Decision (Circle):  Yes  or  No

Amount Granted: ________________

More Details Needed: