



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.

- | | |
|---|------------------------------------|
| <input type="checkbox"/> CAB Exec present at your meeting(s) | Number of Executives needed: _____ |
| <input type="checkbox"/> Logistical Planning/Support Prior to the Event | Number of Executives needed: _____ |
| <input type="checkbox"/> Setup | Number of Executives needed: _____ |
| <input type="checkbox"/> Clean-up | Number of Executives needed: _____ |
| <input type="checkbox"/> Support at the event | Number of Executives needed: _____ |
| <input type="checkbox"/> Publicity | |
| <input type="checkbox"/> 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: