

CCLA Co-Sponsorship Form

Please submit this form at least one week before the event date.

General Information

Name of Event _____

Location _____

Date _____ Time of Event _____

Contact Information

CCLA

Co-Sponsoring CCLA Committee _____

Contact Person _____

Phone _____

Organization 1

Co-Sponsoring Organization _____

Contact Person _____

Phone _____

Organization 2

Co-Sponsoring Organization _____

Contact Person _____

Phone _____

Organization 3

Co-Sponsoring Organization _____

Contact Person _____

Phone _____

General Duties Outlined

CCLA Committee Provides: ◇ Budgetary Assistance / ◇ Planning Assistance / ◇ Other
Budgetary Assistance (*please write exact amount*) _____

Planning Assistance/ Other (*please write down all responsibilities*):

- 1.) _____
- 2.) _____
- 3.) _____
- 4.) _____

Organization 1 Provides: ◇ Budgetary Assistance / ◇ Planning Assistance / ◇ Other
Budgetary Assistance (*please write exact amount*) _____

Planning Assistance/ Other (*please write down all responsibilities and specify accomplishment dates*):

- 1.) _____
- 2.) _____
- 3.) _____
- 4.) _____

Organization 2 Provides: ◇ Budgetary Assistance / ◇ Planning Assistance / ◇ Other
Budgetary Assistance (please write exact amount) _____

Planning Assistance/ Other (please write down all responsibilities and specify accomplishment dates):

- 1.) _____
- 2.) _____
- 3.) _____
- 4.) _____

Organization 3 Provides: ◇ Budgetary Assistance / ◇ Planning Assistance / ◇ Other
Budgetary Assistance (please write exact amount) _____

Planning Assistance/ Other (please write down all responsibilities and specify accomplishment dates):

- 1.) _____
- 2.) _____
- 3.) _____
- 4.) _____

Budget Request Reference # _____

*** If you are given funding by the Budget Committee please include the reference number given to your approved request. If you are not given a number please write the event name. This only applies to those who have made a budget request.**

Responsibility

Setup (please write the organization/ person's name) _____

Cleanup (please write the organization/ person's name) _____

On-site supervision (please write the organization/ person's name) _____

*** Forms without this information will not be accepted and might result in a delay in your event.**

If applicable [for bigger events], please attach an itemized list of responsibilities.

Sign and date the co-sponsorship form below _____

Name of Event _____

Location _____

CCLA Committee Chair

Signature _____ Date _____

Organization 1 _____

Signature _____ Date _____

Organization 2 _____

Signature _____ Date _____

Organization 3 _____

Signature _____ Date _____