



Club Name:

Event Name: Event Date:

Event Name: Phone #:

FOR CO-SPONSORSHIPS ONLY
Please list each organizations contribution for this event

Expenses		COST	Club Name A	Club Name B	Club Name C
Type of Talent	<input type="text"/> <small>DJ, Comedian, Speaker, MC, Band, Other (please specify)</small>				
Name of Talent	<input type="text"/>				
Venue	<input type="text"/> <small>Venue Name</small>				
	<input type="text"/> <small>Venue Capacity</small>				
Production					
USG AV/ Staging Equipment Rental	<input type="text"/> <small>Type of Equipment</small>				
Security					
USG Event Staff	<input type="text"/> <small># of USG Event Staff</small>				
CSS	<input type="text"/> <small># of CSS</small>				
University Police	<input type="text"/> <small># of University Police</small>				
Publicity					
Printing	<input type="text"/> <small>Printing Company Name</small>				
Newspaper Ad	<input type="text"/> <small>Newspaper Name</small>				
Transportation	<input type="text"/> <small>Printing Company Name</small>				
Food	<input type="text"/> <small>Printing Company Name</small>				
Ticket Office					
Other	<input type="text"/> <small>Printing Company Name</small>				
Total Expense					

Ticket Prices: SBU Students Non SBU Students

Advisor Approval: _____

Co-sponsorship approval by USG Administrative Director: _____