



SUFFOLK UNIVERSITY

Beacon Hill
41 Temple Street
Boston, MA 02114

Office of Student Activities
and Service Learning

phone: (617) 573-8320
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Co-sponsorship Agreement

The _____ will co-sponsor _____ with
(Organization/Department sponsor) (Title of Event)

_____, agreeing to the following guidelines pertaining to the event.
(Organization/Department Co-Sponsor)

The sponsoring organization will:

- () _____
- () _____
- () _____
- () _____
- () _____
- () _____
- () _____

The co-sponsoring organization will:

- () _____
- () _____
- () _____
- () _____
- () _____
- () _____
- () _____
- () _____
- () _____

The account that needs to be reimbursed is: _____ Amt _____

By signing this contract, I acknowledge my responsibility to follow the stated obligations.

Sponsoring Organization President Signature _____ Date: _____

Sponsoring Organization Advisor Signature _____ Date: _____

President of Co-sponsoring Organization _____ Date: _____

Advisor of Co-sponsoring Organization _____ Date: _____