

Amherst College Program Board: Co-Sponsorship Form

THIS FORM MUST BE TURNED IN AT LEAST TWO WEEKS PRIOR TO THE EVENT TO ROOM 112, CAMPUS CENTER.

Date of Form Submission: _____

Sponsoring Organization: _____

Contact Person: _____

Email: _____

Phone: _____

Name of Event: _____

Date of Event: _____

Time of Event: _____

Location of Event: _____

Expected Audience/Attendance: _____

Description of Event:

Estimated Cost of Event: (Please include a detailed budget breakdown)

Requested Amount from Program Board: \$ _____

Other funding sources: (Please indicate amount expected)

_____ Club/Organization _____ Academic Department _____ Theme House
_____ Dean of Students _____ President's Office _____ Program Board
_____ Campus Center/Student Activities _____ Other

Method of Payment: (Please check all that apply)

Reimbursement Purchase Order Campus Charge Honorarium Unknown

*Please be sure to provide all necessary information regarding your event. If your event is co-sponsored, it needs to be advertised well, recognizing Program Board as a co-sponsor. Please remember that the more information you can provide us, the less arbitrary our decision will be. Please research to find out costs before handing in this form. Program Board is not responsible for any damage that occurs at this event. Money allocated from Program Board cannot be used in any form to make a profit at this event. *

ACPB USE ONLY

Meeting Date: _____ ☐ Decision: Y or N ☐ Amount Granted: _____

Name of ACPB Member responding to request: _____

Comments: _____