. GENERAL INFORMATION:

Program:___________________________ Location(s): __________________________

Date(s):_____________________________ Times: ____________________________

Coordination Meeting Date:___________ Location:______________________________

. CONTACTS:

(Sponsoring Organization) __________________________ (Co-sponsoring organization #1) __________________________ (Co-sponsoring organization #2) __________________________

(Sponsor representative) __________________________ (Co-sponsor #1 representative) __________________________ (Co-sponsor #2 representative) __________________________

(Title) __________________________ (Title) __________________________ (Title) __________________________

(Email address) __________________________ (Email address) __________________________ (Email address) __________________________

(Telephone Number) __________________________ (Telephone Number) __________________________ (Telephone Number) __________________________

. CO-SPONSORSHIP TERMS:

The Sponsoring Organization will provide: Estimated cost: __________________________

by date: __________________________ by date: __________________________ by date: __________________________

Co-sponsoring organization #1 will provide: Estimated cost: __________________________

by date: __________________________ by date: __________________________

Co-sponsoring organization #2 will provide: Estimated cost: __________________________

by date: __________________________

by date: __________________________

. CO-SPONSORSHIP AGREEMENT:

The __________________________ and __________________________ agree to present the above program. Both groups will provide the items listed by the specified dates. Any additional contributions must be jointly agreed upon and logged before implementation. If co-sponsoring group does not fulfill their agreed obligations by the appropriate dates, or provides additional services not agreed upon, the Sponsoring Organization/Committee retains its right to cancel involvement and sponsorship of this program.

Agreed and accepted:

(Sponsor representative) __________________________ (Co-sponsor #1 representative) __________________________ (Co-sponsor #2 representative) __________________________

(date) __________________________ (date) __________________________ (date) __________________________