

Coastal Activities Board: Co-Sponsorship Request

*The purpose of this form is to describe, in detail, a partnership request between Coastal Activities Board and your organization/department. Please be as specific as possible when completing this form to ensure that there is no ambiguity.*

Organization/Department: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Contact E-mail: \_\_\_\_\_@coastal.edu      Contact Phone: \_\_\_\_\_

Name of Event: \_\_\_\_\_

Proposed Date and Time: \_\_\_\_\_

Description of Event: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What would CAB be responsible for?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What would your organization be responsible for?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Expected Total Budget: \$\_\_\_\_\_

Requested from CAB: \$\_\_\_\_\_

**\*\*Form must be submitted ATLEAST 3 weeks prior to event date\*\***

Submission of form does not guarantee that CAB will co-sponsor event. Executive Board will respond with an answer within 7 days of submission.