Please fill out the following form in its entirety and return to the SAB office (located in the Student Involvement Center) at least 30 days before the proposed event.

The Student Activities Board herein referred to as “SAB,” values the success of student organizations of Idaho State University’s campus. Organizations should promote leadership, increase involvement, and reach the student population. SAB is eager to assist student organizations and others to promote, program, and finance events that will enrich students’ lives. Moreover, we desire to facilitate in the development of events on campus that foster interaction and student engagement. The requesting party herein referred to as the “Co-Sponsor,” must be able to fulfill the mission of SAB within the event’s purpose. This application allows SAB to review the event for consideration.

Mission and Purpose
It is the mission of the Student Activities Board (SAB) to inspire campus pride by promoting student involvement, self-growth, unity, and tradition within all of the events we coordinate. We do this for and by the students here at ISU.

Terms and Conditions
Each application will be reviewed by SAB. Applicants will be required to give a formal, in-person presentation at an SAB meeting outlining the vision, necessities, and requirements of your proposed event. This application is a proposal for a request of resources from SAB to the Co-Sponsor and does not ensure a “Co-Sponsorship” contract with SAB. Co-Sponsors must fill out the following form in its entirety and return to SAB office (located in the Student Involvement Center) at least 30 days before the scheduled date of the requested Co-Sponsored event. Please note that any organizations may be granted only one “Co-Sponsorship” contract per academic year. Exceptions to this rule may be given during the spring semester, dependent upon remaining funding.

Section I: Co-Sponsoring Organization
Organization Name: ____________________________________________________________
Index: ____________________________________________
Organization Advisor: __________________________________________________________
Organization Representative: _____________________________________________________
Position Held: _________________________________________________________________
Email Address: ________________________________________________________________
Phone Number: ________________________________

Section II: Event Information
Event Title: _________________________________________________________________
Event Description: ___________________________________________________________
Event Date: ___________________________ Event Time: _____________________________
Event Location: ______________________________________________________________
Event Total Cost $________________________

Section III: Purpose and Mission
What is your event’s purpose and how does it fit with the mission of the Student Activities Board?
____________________________________________________________________________
____________________________________________________________________________
What student populations will you target, how will it benefit this population and will it benefit all ISU students?
____________________________________________________________________________
____________________________________________________________________________
Section IV: Contributions:
Will ticket sales be conducted? _____ if yes, include prices for students, faculty and staff: ____________________________________________
Proposed contribution from SAB: $_____________ Other: ____________________________________________
What will be done with the SAB contribution? _______________________________________________________________________
Contributions from Other Participating Organizations: $_____________ Other: ____________________________________________

Co-Sponsorship Requirements (to be completed by the Student Activities Board):
The SAB requires that the following conditions be met for this contract to be valid:
____________________________________________________________________________________________________________
____________________________________________________________________________________________________________
____________________________________________________________________________________________________________

If you have questions, please email us at sab@isu.edu or call us at 208-282-3451.

The signatures below indicate acceptance of the co-sponsorship contract. This contract shall not be deemed fully executed until signed by both parties. No actions should be taken until all signatures have been secured. Neither party shall be bound to the outline terms until this contract is fully executed.

AGREED TO AND ACCEPTED:
Idaho State University
Student Activities Board
By: ________________________________
SAB Director
Date: ________________________________

By: ________________________________
Val Davids, SAB Advisor
Date: ________________________________

AGREED TO AND ACCEPTED:
Name of Organization
By: ________________________________
Organization Rep
Date: ________________________________

By: ________________________________
Organization Advisor
Date: ________________________________

For Office Use Only

$ __________________ transferred to index __________________ on __________________

Copies to:
SAB Advisor
SAB Director
SAB Administrative Assistant
Organization Advisor
Organization Representative