



ISU Student Activities Board Co-Sponsorship Application 2016 – 2017

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