

University of Missouri - Kansas City Student Government Association SGA Co-Sponsorship Form

Organization:	
Contact:	
Phone: e-mail:	
Address:	
□ EVENT □ TRAVEL □ SEED(fundraising) □ OPERATION	/OFFICE SUPPLIES
Event:	Number of members:
Event Date:	Amount Requested:
Description:	
	
	
What was your annual allocation:	
How much did you budget for this event:	

Itemized Information of how the co-sponsorship funds will be used.

Concept	Price per Unit	# of Units	Total
i.e. Decorations/Balloons	i.e. \$1	i.e. 10	i.e. \$10
How will SGA hanafit/	be represented from co	o-snonsoring this even	t
low will 3GA beliefit/	be represented from co	-sponsoring this even	t
*SGA will so sponsor ur	to \$500 dollars por over	at and will co chancer o	nly one event per organization
·	·	•	, , ,
		•	Executive board may decide to
	•		ey should be returned to SGA
· ·	• •	•	ers and posters please contac
	_	Co-Sponsorship requests	s should be submitted 3 week
prior the event at <u>umkc</u>	sga@umkc.edu		
SGA President		Date:	
Dir. Office of Student	Involvement		Date: