**Co-Sponsorship request**

Please return the completed form to the Women’s Resources Center or email to: womenscenter@illinois.edu.

Today’s Date:

**SPONSOR & EVENT INFORMATION**

Sponsoring Organization: Account #:

Name of Event: Date of Event:

Anticipated attendance:

Program Goal / Target Audience:

Description of Event (activities, topic, etc):

Type of assistance requested: Financial – Amount requested: **$ \_\_\_\_\_\_\_\_\_\_**

Non-financial – Please specify:

Do you have other funding sources for this program?  No  Yes

Please specify:  PCC  SCPF  SORF  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Estimated Expenses:

Advertising $\_\_\_\_\_\_\_\_\_\_

Decorations $\_\_\_\_\_\_\_\_\_\_

Supplies $\_\_\_\_\_\_\_\_\_\_

Printing Costs $\_\_\_\_\_\_\_\_\_\_

Food/Catering (only if approved in your application) $\_\_\_\_\_\_\_\_\_\_

Space Rental $\_\_\_\_\_\_\_\_\_\_

Equipment Rental $\_\_\_\_\_\_\_\_\_\_

Guest: Honorarium $\_\_\_\_\_\_\_\_\_\_

Transportation $\_\_\_\_\_\_\_\_\_\_

Lodging $\_\_\_\_\_\_\_\_\_\_

Meals $\_\_\_\_\_\_\_\_\_\_

Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_

Primary Contact(s) Name(s):

Address:

Phone & Email:

**Do not fill in below this line.**

**WRC CO-SPONSOR CONTRIBUTION**

\_\_\_\_\_ We will co-sponsor this event with a financial contribution of: $\_\_\_\_\_\_\_\_\_ or:

\_\_\_\_\_ We will co-sponsor this event with a non-monetary contribution of:

**Women’s Resources Center**

616 E. Green Street, Suite 202, MC 302 🞄 217-333-3137 🞄 womenscenter@illinois.edu

CFOP #:

**Signature** **Date**