**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**