This form is to be used when two or more student organizations are involved in an event or where you are co-sponsoring with an office or department at UCSD and/or with an organization outside the University. Please complete this form in full and have an advisor and organization representative sign the document. This form must be completed no later than 3 weeks prior to the event date. Submit completed contracts to the Warren College Dean of Students Office in the Computer Science and Engineering Building (EBU3B) Room 1148.

**EVENT INFORMATION**

Event Name: 

Event Purpose: 

Date: ________________  Time: ________________  Location: ______________________________

1. PRIMARY ORGANIZATION: ________________________________  Index Number: ________________

   Officer Name: ________________________________  Title: ________________________________  Email: ________________________________@ucsd.edu

   Advisor Name: ________________________________  Advisor's Title: ________________________________  Email: ________________________________@ucsd.edu

2. CO-SPONSORING ORGANIZATION: ________________________________  Index Number: ________________

   Officer Name: ________________________________  Title: ________________________________  Email: ________________________________@ucsd.edu

   Advisor Name: ________________________________  Advisor's Title: ________________________________  Email: ________________________________@ucsd.edu

3. CO-SPONSORING ORGANIZATION: ________________________________  Index Number: ________________

   Officer Name: ________________________________  Title: ________________________________  Email: ________________________________@ucsd.edu

   Advisor Name: ________________________________  Advisor's Title: ________________________________  Email: ________________________________@ucsd.edu

4. CO-SPONSORING ORGANIZATION: ________________________________  Index Number: ________________

   Officer Name: ________________________________  Title: ________________________________  Email: ________________________________@ucsd.edu

   Advisor Name: ________________________________  Advisor's Title: ________________________________  Email: ________________________________@ucsd.edu

Note: Please use an additional form if there are more than 4 co-sponsoring organizations.
ORGANIZATIONAL RESPONSIBILITIES FOR THE EVENT

Please provide a DETAILED description and the responsibilities of each organization in the space provided below. Be as specific as possible. (i.e. the number of persons assigned for set-up and clean-up; ticket sales, publicity - who is designing, paying for flyers, creating an event on Facebook, etc.; decorations, amount of money, etc.) It is important to have all responsibilities listed for each organization to fulfill in honor of the co-sponsorship agreement.

1. PRIMARY ORGANIZATION RESPONSIBILITIES

2. CO-SPONSORING ORGANIZATION RESPONSIBILITIES:

3. CO-SPONSORING ORGANIZATION RESPONSIBILITIES:

4. CO-SPONSORING ORGANIZATION RESPONSIBILITIES:

By signing this agreement on behalf of your organization, you agree to accept the responsibilities for your organization as described in the details above. Any obligations not fulfilled may result in an adjustment to generated revenue, but does NOT release an organization from financial obligations unless arrangements are made prior to the event date and is mutually agreed upon by all organizations listed in this contract.

1. PRIMARY ORGANIZATION NAME: ________________________________
   Officer Name: ________________________________ Signature: ________________________________
   Advisor Name: ________________________________ Signature: ________________________________

2. CO-SPONSORING ORGANIZATION NAME: ________________________________
   Officer Name: ________________________________ Signature: ________________________________
   Advisor Name: ________________________________ Signature: ________________________________

3. CO-SPONSORING ORGANIZATION NAME: ________________________________
   Officer Name: ________________________________ Signature: ________________________________
   Advisor Name: ________________________________ Signature: ________________________________

4. CO-SPONSORING ORGANIZATION NAME: ________________________________
   Officer Name: ________________________________ Signature: ________________________________
   Advisor Name: ________________________________ Signature: ________________________________