WSU Student Activities Council  
Co-Sponsorship Proposal

Part of the mission of the Student Activities Council is to serve as an event planning resources for other student groups and departments on campus.

Through a co-sponsorship, we would like to collaborate with your organization to help you run a very successful event; our ability to help includes contract information, graphic creation, publicity, technical help, set up/tear down, and assistance staffing your event.

In addition:

- We require that all co-sponsoring organizations be recognized by Student Involvement as a Registered Student Organization or be a department on campus in which all people are students and/or faculty members.
- The purpose of the co-sponsorship it not to serve as the primary source of funding for the event.
- Active and regular communication between the Student Activities Council and your organization is expected.
- We ask that your proposal be submitted no later than four weeks before the date of the event.
- Please understand the Student Activities Council has the right to deny co-sponsorship of an event and this proposal does not guarantee a co-sponsorship.
- If accepted as a co-sponsorship, your organization will be required to sign a co-sponsorship contract detailing the responsibilities of each organization.

Please return this form to Student Involvement, RSC 3rd floor
We look forward to collaborating with your organization or department,

Student Activities Council
SAC@wichita.edu
316.978.3022
www.wichita.edu/SAC
Student Involvement, RSC 3rd floor
Organization Information:
Name of Organization or Department: ________________________________

Purpose of Organization/Department: ________________________________

Meeting Day and Time (if applicable): ________________________________

Primary Contact: _________________________________________________
Email: ___________________________ Campus Box #: __________
Phone: ___________________________ Campus Box #: __________

Secondary Contact: ______________________________________________
Email: ___________________________ Campus Box #: __________
Phone: ___________________________ Campus Box #: __________

Event Information:
Event Name: ________________________________________________

Event Date and Time: __________________________________________

Event Location: ______________________________________________
Is the Location reserved? ________________________________

What type of event is this?
☐ Fundraiser for _______________
☐ Movie
☐ Live Show
☐ Educational
☐ Party/Dance
☐ Interactive/Fair
☐ Other ___________________________

What is the purpose of the event? What are the details of the event?
________________________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________
Is this the first year for this event?  ☐ Yes  ☐ No

If no, how did you market it last time? Was it successful?
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
If no, how did you market it last time? Was it successful?
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

What has already been done for this event?
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Help and Assistance:

What do you need help with? Please elaborate.

☐ Contracts ________________________________________________________________
☐ Graphics _________________________________________________________________
☐ Poster Distribution _________________________________________________________
☐ General Publicity __________________________________________________________
☐ Venue Reservations _________________________________________________________
☐ Set Up or Tear Down _______________________________________________________
☐ Staffing _________________________________________________________________
☐ Technical Assistance ______________________________________________________
☐ Food/ Refreshments _______________________________________________________
☐ Other _________________________________________________________________

Please give any additional details of the assistance you would like from us: _________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

For office use only (please place in the SAC President’s box once received):

Date Received: ________________________________
Received By: ____________________________________________