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| --- | --- |
| Organization: |  |
| Contact Person: |  |
| E-mail: |  |
| Phone: |  |
| Organization Acct. Number: |  |
| Event Date and Time: |  |

Co-Sponsorship Application

What is the event?

What is the purpose of the event?

How much money is being requested and how will it be allocated? Be specific.

Is the event possible without the requested funding?

Will you need help promoting this event? If so, what help is needed?

Has your organization done any fundraising and what kind of financial contributions can your group make?

What other organizations have you contacted for funding? If none, are you planning to approach any others?

Prior to a decision, you may be contacted to attend a meeting with the Entertainment ToKnight Executive Board to answer any further questions and to address any possible concerns. If necessary, please bring a contract for review.

Advisor Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Advisor Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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