**EVENT COLLABORATION FORM**

The Event Collaboration Agreement Form is designed to help streamline the event collaboration process between the multiple student organizations or campus departments and offices. Organization 1 will complete the SECTION 1 and the organization collaborating on the event will complete SECTION 2. Both organizations will complete all remaining sections together.

|  |  |
| --- | --- |
| **SECTION 1: PRIMARY ORGANIZATION INFORMATION** | |
| Organization Name: |  |
| Organization Account # |  |
| Primary Contact Name: |  |
| Primary Contact Position: |  |
| Contact Phone Number: |  |
| Contact Email Address: |  |
| Organization Advisor Name: |  |
| Advisor Email Address: |  |

|  |  |
| --- | --- |
| **SECTION 2: CO-SPONSORING ORGANIZATION INFORMATION** | |
| Organization Name: |  |
| Organization Account # |  |
| Primary Contact Name: |  |
| Primary Contact Position: |  |
| Contact Phone Number: |  |
| Contact Email Address: |  |
| Organization Advisor Name: |  |
| Advisor Email Address: |  |

|  |  |  |
| --- | --- | --- |
| **SECTION 3: EVENT INFORMATION** | | |
| Event Name: |  | |
| Proposed Event Date: |  | |
| Proposed Setup Time: |  | |
| Proposed Start Time: |  | |
| Proposed End Time: |  | |
| Proposed Breakdown Time: |  | |
| Desired Event Location: |  | Location Reserved? Yes or No |
| Rain Location: |  | |
| Expected Event Attendance: |  | |

|  |  |  |
| --- | --- | --- |
| **SECTION 3: EVENT DESCRIPTION** | | |
|  | | |
| **SECTION 4: EVENT BUDGET INFORMATION** | | |
| Please complete the breakdown below of how each organization will contribute to the overall event cost.  *Please Note: The Office of Student Engagement will handle all account transfers between student org accounts.* | | |
| **What is the overall cost for the event (including expenses)?** | | |
| **Organization Name** | **Contribution Percentage** | **Estimated Amount** |
|  |  |  |
|  |  |  |
| *Please provide a brief description of what funds will be used for (i.e. food, advertising, etc):* | | |

|  |  |
| --- | --- |
| **SECTION 5: EVENT MARKETING PLANS** | |
| Please outline the timeline and type of advertising and promotion below for this event: | |
| **Distribution Deadline** | **Type or Description of Event Advertisement Item**  **Estimated Amount** |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
| *Please list any additional notes for event advertisement and promotion:* | |

**EVENT COLLOBORATION AGREEMENT ACKNOWLEDGEMENT**

By signing this agreement, I am confirming that I have read and understand the Event Collaboration guidelines provided above and that I am fully authorized to commit my organization to the terms of this agreement. Further, I confirm that my organization will honor the event planning and financial contributions stated above. I fully understand that all agreements must be in line with Widener University policies and procedures.

**COLLABORATING ORGANIZATION 1 COLLABORATING ORGANIZATION 2**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Organization Representative Name (Print) Organization Representative Name (Print)*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Representative Signature Date Representative Signature Date*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Advisor Signature Date Advisor Signature Date*