**BPLP Co-sponsorship Form**

Student organizations wishing to cohost with BPLP must fill out this form.

This application should be returned to Samantha Swanson or emailed to sswanso@gustavus.edu at least **FOUR WEEKS** prior to the event. However, please feel free to contact us; we can discuss special circumstances on a case-by-case basis.

Contact Person:

Email:

Organization:

Name of Event:

Description of Event (including supplies):

Event Location:

Date of Event:

Time of Event:

Setup Time Length:

Clean-up Time Length:   
  
Expected Attendance from your organization:

How will this event benefit the college community and Little Partners?

Why do you want to co-sponsor this event with us?

What role would you like the BPLP Coordinators to play in this event?

**Estimated Cost of Event**

Please fill out this portion of the form to your best ability. We understand that you may not know all the details at this time in the planning process.

* $ \_\_\_\_ Supplies
* $ \_\_\_\_ Publicity
* $ \_\_\_\_Food/Drink at Event
* $ \_\_\_\_Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* $ \_\_\_\_ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   
  Total Cost of Event $\_\_\_\_\_\_\_\_\_\_  
  Requested amount of funding from BPLP: $ \_\_\_\_\_\_\_\_\_\_\_\_ (This amount is not guaranteed, but we will do our best to accommodate)

Signature of Contact Person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Date of Submission: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**BPLP use ONLY:**

Meeting Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Decision (Circle): Yes or No Amount Granted: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
More Details Needed: