



Student Community Government, Inc.

Rhode Island College

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CO-SPONSORSHIP CONTRACT

THIS CONTRACT MUST BE TURNED IN TO SCG AT LEAST 2 WEEKS BEFORE THE EVENT

SPONSORING ORGANIZATION INFORMATION:

Organization Name: _____

Contributing What to Event: _____

EVENT INFORMATION:

Event Name: _____

Date: _____ Time: _____

Place: _____

Purpose of Event: _____

ALL SIGNATURES REQUIRED (print & sign):

President: _____

Treasurer: _____

Advisor: _____

CO-SPONSORING ORGANIZATION INFORMATION:

Organization Name: _____

Contributing What to Event: _____

ALL SIGNATURES REQUIRED (print & sign):

President: _____

Treasurer: _____

Advisor: _____