FSA Co-Sponsorship Form

Event Name and Date: ____________________________________________________________

Initiating Organization: ____________________________  Amount Contributed $ __________

- President: ____________________________  Signature    Date
- Treasurer: ____________________________  Signature    Date

Co-Sponsoring Organization: ____________________________  $ __________

- President: ____________________________  Signature    Date
- Treasurer: ____________________________  Signature    Date

Co-Sponsoring Organization: ____________________________  $ __________

- President: ____________________________  Signature    Date
- Treasurer: ____________________________  Signature    Date

Co-Sponsoring Organization: ____________________________  $ __________

- President: ____________________________  Signature    Date
- Treasurer: ____________________________  Signature    Date