## **FSA Co-Sponsorship Form**

Event Name and Date:				
			Amount Co	ontribute
Initiating Organization:			\$	
<ul><li>President:</li></ul>				
President:	Signature	Date		
Treasurer:		Date		
	Signature	Dute		
Co-Sponsoring Organization: _			\$	
President:				
President:	Signature	Date		
Treasurer:				
	Signature	Date		
Co-Sponsoring Organization: _			\$	
<ul><li>President:</li></ul>				
	Signature	Date		
Treasurer:	Signature			
	Signature	Date		
Co-Sponsoring Organization: _			\$	
President:				
	Signature	Date		
Treasurer:				
	Signature	Date		