

FSA Co-Sponsorship Form

Event Name and Date: _____

	Amount Contributed
Initiating 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	
Co-Sponsoring Organization: _____	\$ _____
• President: _____ Signature Date	
• Treasurer: _____ Signature Date	