



### External Client Sponsorship Request Form

This form must be submitted to UCEN prior to the event date. Securing a sponsor does not guarantee that the request will be approved by UCEN. The UCEN External Client Committee will respond to all requests within 5 working days after receipt.

**External Client Contact Information:**

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Organization: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Sponsor Contact Information:**

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Organization: \_\_\_\_\_

Email Address: \_\_\_\_\_

Role/Title: \_\_\_\_\_

Account Number: \_\_\_\_\_

**Event Information:**

Event Name: \_\_\_\_\_

Date: \_\_\_\_\_ Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_

Please give a detailed description of the event, including an explanation of the direct benefit to the University. You may attach additional pages to this form if necessary.

Proposed Location: \_\_\_\_\_

Would you like to prioritize who may attend the event?

Yes

No

Please select all that apply:

Food/Beverages will be served

Donations accepted at event

Media/Press Involved

Tickets to be sold

Merchandise to be sold

Will minors attend the event?

I understand that additional information may be needed, and that this request may not be approved by the UCEN External Client Review Committee.

\_\_\_\_\_  
Signature of Requestor

\_\_\_\_\_  
Date

I affirm that my recognized student organization or University department approves this request. I understand that my sponsorship requires that my student organization or department be in attendance at the event. Additionally, I understand that any unpaid costs associated with this event will become the responsibility of my student organization or department.

\_\_\_\_\_  
Signature of Sponsoring Student Organization  
or University Department

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Advisor of Sponsoring Student  
Organization

\_\_\_\_\_  
Date

**Decision:**

UCEN External Client Review Committee:  Approved  Denied

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

University Center & Special Events Director:  Approved  Denied

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Vice President for Student Affairs:  Approved  Denied

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date