

## Sponsorship Agreement

Date:		
Reservation #:		
Event Date(s):		
Student Group/KU Dept:		
Event Name:		
Contact Name, Student Group or KU Dept:		
Contact Name, Sponsored Group:		
I,	read and agree to the following policy statemorial Union facilities.  red by my group/department will be character that I have been provided with a tely reflects the group's intended facility illity for the non-KU group activity to inconsored organization will be invoiced for that are 90 plus days overdue become the contact person for the sponsoring and specific that are 90 plus days overdue become the contact person for the sponsoring and specific that are 90 plus days overdue become the contact person for the sponsoring and specific that are 90 plus days overdue become the contact person for the sponsoring and specific that are 90 plus days overdue become the contact person for the sponsoring and specific that are 90 plus days overdue become the contact person for the sponsoring and specific that are 90 plus days overdue become the contact person for the sponsoring and specific that are 90 plus days overdue become the contact person for the sponsoring and specific that are 90 plus days overdue become the contact person for the sponsoring and specific that are 90 plus days overdue become the contact person for the sponsoring and specific that are 90 plus days overdue become the contact person for the sponsoring and specific that are 90 plus days overdue become the contact person for the sponsoring and specific that the provided that the person for the sponsoring are the person for the sponsoring are the person for the person for the sponsoring are the person for the	arged the a usage. lude policy r any e ponsored
KU Memorial Unions:	Registered Student Group or University De	pt:
KU Memorial Unions Representative:	Group/Dept Representative:	
Date:	Date:	