

Date Received in Office of Student Life: \_\_\_\_\_ Date Approved: \_\_\_\_\_

Approved By: \_\_\_\_\_

**WARTBURG COLLEGE  
SPONSORSHIP APPLICATION**

Name of Organization/Group/Department: \_\_\_\_\_

Contact for Event (Name, email, phone): \_\_\_\_\_

Event & Description: \_\_\_\_\_

Location of Event: \_\_\_\_\_

Date(s) and Time: \_\_\_\_\_

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Sponsor (Business Name & Location): \_\_\_\_\_

Sponsor Contact Information (Name, email, phone): \_\_\_\_\_

Goods/Services/Financial (\$ Amount) Commitment from Sponsor: \_\_\_\_\_

Expectation(s) from Organization/Group/Department in Return: \_\_\_\_\_

My/our signature(s) indicate(s) that we have read, understand, and will comply with all provisions of the policy concerning sponsorships on the Wartburg campus. In addition, it is understood that failure to comply with the Policy may subject us to College judicial action. We further understand that following the activity.

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

Position in Organization: \_\_\_\_\_ Date: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

**Advisor Information**

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

Date: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_