



Collaboration Form

Contact Information

Organization Name: _____

Student Name: _____

Phone: _____ Email: _____

Event Information

Name of Event: _____

Date/Time of Event: _____

Event Location: _____

Other Collaborating organization(s): _____

Event Description:

Things you would like **(seb)** to provide:

Please Note: (seb) cannot provide a student organization with funding or flyer design.

After returning this for to the (seb) Office, Commons 2b10, we will email you with any questions and let you know our decision. For best consideration, forms should be submitted at least 2 weeks prior to the event.

Signature: _____ Date: _____