



Campus Recreation Co-Sponsorship Application

Please submit application to the Office of Campus Recreation, PE Building 107
For spaces reserved through athletics, please submit your confirmation with this form.

Name & Description of Program or Event:

Date/Time/Location of Program or Event: _____

Name of Student Group/University Department: _____

Individual Responsible for Event: _____
(Name, UAlbany ID, Phone, Email)

Requested Equipment & Assistance from Campus Recreation (please be detailed and specific)

Individual Completing Application: _____
(Please Print Name)

Signature: _____ Date: _____

Office Use Only

Approved? YES _____ NO _____
If yes, describe in detail what is approved

Co-Sponsorship Category:

Estimated Cost of Co-Sponsorship:

Assistant Director of Facilities Signature:

Director of Campus Recreation Signature: