



Partnership Application*
Department of Recreational Sports

*** Application must be submitted with a completed facility reservation form.**

Section I: Contact Information

Name of Organization/Group: _____
Name of person making request: _____
Cell/primary phone: _____

Date submitted: _____
E-mail address: _____
Office/home phone: _____

Section II: Event Information

Date of event: _____ Name of Event: _____
Description of the event: _____

Anticipated number of people in attendance: _____

The event is open to: A&M Students/ Rec Members Faculty/Staff Minors (under age of 18) General Public

Type of event: Meal Meeting/seminar Dance/social Sport tournament/games

Other (specify) _____

Are you charging a fee for people/groups/teams to participate: yes no If yes, how much: \$ _____

Has your group/organization received a Dept. of Recreational Sports partnership in the past? yes no If yes, please list month and year: _____

Section III: Justification for Partnership

Briefly describe how the Department of Recreational Sports and its members will benefit by partnering with your event: _____

Section IV: Budget and Vendors

Please attach an itemized budget for the event including anticipated expenses and income. If you have corporate vendors/sponsors, please list the names of the vendors and the products (if applicable) they wish to distribute to the participants.

Section V: Partnership Request

Please attach the Dept. of Recreational Sports Facility Reservation form to this request with all appropriate sections completed. If approved, your allocation will be based upon the information submitted. Any changes made after the partnership application has been processed may result in charges to the organization/group.

Facility and Room Total \$ _____
Equipment Total \$ _____
Other Total \$ _____
Total \$ _____
Amount Requested for Partnership \$ _____

Office Use only	
Approved _____	Denied

Room/Facilities	\$ _____

Equipment	\$ _____

Other	\$ _____

Partnership Total	\$ _____
