HOLY CROSS
Student Government Association

SGA Co-Sponsorship/Reserve Fund Request

Organization: Date:

Contact Information:

Brief Description of Event:

Seeking Co-Sponsor yes / no

Willing to Co-Sponsor yes / no

Total Projected Cost of Program: $_____
- Current Program Funds Available $_____

Total Request: $_____

_____ _____ _____
Organization Representative Meghan Coyne, Dir. of Programming date received

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Website: http://college.holycross.edu/studentorgs/sga