## SPONSORSHIP REQUEST AND AGREEMENT FORM PSESD SPONSORSHIP OF AN OUTSIDE ORGANIZATION OR EVENT

| Name of Organization Requesting Sponsorship:    |   |
|---|---|
| Nonprofit 501(c) (3) Government Entity _        | Corporate Other                           |
| Organization's Contact Information:             |   |
| Name:   | Title:                                    |
| Email:  | Phone:                                    |
| PSESD Department or Program Contacted to R      | equest Sponsorship:                       |
| PSESD Staff Member Submitting Request:          |   |
| Name:   | Title:                                    |
| Date of Sponsored Event/Activity:               | If sponsorship continues beyond this date |
| expected duration of sponsorship: From:         | To:                                       |
| Location of Sponsored Event/Activity:           |   |
| Description of Sponsored Activity/Event:        |   |
|   |   |
|   |   |
| Educational Rationale for Sponsored Activity: _ |   |
|   | int:Source of Funds:                      |
| In-Kind Materials/Goods/Services/Space:         |   |
| Description of In-Kind Materials/Goods/Service  | s/Space:                                  |
|   |   |
|   |   |
| Special Conditions of Sponsorship, if any:      |   |

|  | AGREEMENT   |
|--|---|
|  | SD sponsorship, I agree to the terms of the sponsorship   |
|  | PSESD Sponsorship Operating Policy No. 4270 (see  |
| attached) and any special conditions described |   |
| attached) and any special conditions described | i above.  |
| Signature:                                     | Date:   |
| Signature.                                     | Batt.   |
| Title  |   |
| Title  |   |
| Nama: (plaasa print)                           |   |
| Name. (piease print)                           |   |
| O 1 1 10 CROPOD AL                             | 4 4 64 1: 1 7 11 1 17   |
| 1 , 5  | the terms of the sponsorship described above and will ng Policy No. 4270 and any special conditions described |
| above.   | ig rone, ron 1270 and any special conditions described  |
|  |   |
| Signature of Executive Leadership Team R       | epresentative:  |
|  | <b>Date</b> :   |
|  | Bacc.   |
| Title  |   |
| Title:   |   |
| Nama: (please print)                           |   |
| Name: (please print)                           | <del>-</del>  |

Submit Completed and Signed Sponsorship Agreement Form to:

Joli Valentino, Executive Director Business and Operations



08/2022