



campus activities

PERFORMANCE
AGREEMENT
for Student Organizations



Student Group: _____ Contact Person: _____

SA Account#: _____ Contact Info: _____

Date of Event: _____ Time of Event: _____

Location of Event: _____ Type of Event: _____

Other Details:

Campus Activities agrees to provide the following:

Student Group agrees to provide the following:

Additional Requirements:

Late Nite Graduate Assistant/ Chair

Date

Student Group Representative

Date

Andrea Cronkrite, Late Nite Program Coordinator

Date