**SPONSORSHIP AGREEMENT**

**ACADEMIC YEAR 2022/23**

De Montfort University Students’ Union

Campus Centre Building

Mill Lane

Leicester

LE2 7DR

Tel: (0116) 2555576

Website: [www.demontfortsu.com](http://www.demontfortsu.com) Date of the Agreement: *[Date]*

**This Sponsorship Agreement (“Agreement”) is made and entered into by and between**

*Insert Society Name Here “ ”* **, De Montfort Student’s Union (“Recipient”) and** *Insert Businesses name here “ ”*  **(“Sponsor”), and is effective from the stated date above.**

This contract should be completed in black print and returned to the Opportunities Office, De Montfort Students’ Union. Please tick the relevant boxes and give details where appropriate.

**1. THE SPONSOR**

|  |
| --- |
| Name of Sponsor: |

|  |
| --- |
| Type of Business: |

|  |  |
| --- | --- |
| **Main Contact Details**  **Contact Name:   Position:**  **Address:**    **Telephone:**  **Email:   Website:** | **Head Office Details**  **Contact Name:   Position:**  **Address:**  **Telephone:**  **Email:   Website:** |

**2. THE RECIPIENT**

|  |  |
| --- | --- |
| **Name of DSU Society** |  |
| **Name and Position of Society Representative(s)** |  |

**3. THE AGREEMENT**

As part of this agreement, “The Sponsor” has agreed to provide financial support to “The Recipient” subject to the terms and conditions laid out in this agreement.

The Agreement shall be deemed to have commenced on the date provided above and continue until *[date]* (“the Sponsorship Period”).

**3a. SPONSORSHIP FEE**

**The Sponsor has agreed to pay the Recipient;**

|  |  |  |  |
| --- | --- | --- | --- |
| **Total Sum**  **Including VAT /Excluding VAT** *(Please delete as applicable)* | £ | **Paid over**  No. of instalments |  |
| **Payment Dates** |  | **Sum of Each Instalment**  **Including/ Excluding VAT** *(Please delete as applicable)* |  |
| **The Sponsor has agreed to support the Recipient through a form which does not constitute a direct payment. This support will take the following form** | *Delete if necessary.*  *If Applicable – input detail such as dates, amounts etc…* | | |
| **Sponsors Main Point of Contact** | *(Please provide Name, position, email and phone Number)* | | |

An official invoice for this amount will be raised by our Finance Department. Cheques must be payable to ‘DSU’.

**3b. Responsibilities of the Recipient**

As part of this agreement the Recipient has agree to undertake the following services;

|  |  |
| --- | --- |
| *What services are the recipient expected to provide in return for sponsorship? (Please list all service and give as much detail as possible including dates, amounts, publicity requirements etc.)* | |
| **Clauses** | *The sponsor may request they are the only sponsor, or the main sponsor for your Society. This is your choice.*  *You may want to state that ‘Upon expiry of term on this agreement, the recipient shall return all advertising material and agree to discontinue using the sponsor’s logo if applicable.’* |
| **Recipient main point of contact** | *(Please provide Name, position, email and phone Number)* |

**4. DISPUTES**

In the event of a dispute arising that the parties cannot resolve, the parties agree to refer the matter to De Montfort Students’ Union.

If a mutual agreement cannot be made DSU will mediate with the two parties in question, if both parties do not agree with the decision of DSU, the agreement may be terminated in the following manner:

1. If the breach is one that can be rectified, then the non-breaching party can request in writing that the breach be rectified in 28 days. If the breach is not rectified within that time, the non-breaching party may terminate the Agreement immediately;
2. If the breach is one that cannot be rectified, the non-breaching party may terminate the Agreement by giving 28 days-notice of their intention to terminate.
3. If either party goes into liquidation, dissolved (except for the purpose of reconstruction or amalgamation), enters into a scheme of arrangement or is placed under official management or in receivership, the other party may terminate the Agreement by giving 28 days written notice of their intention to terminate under the clause.

**4. IMPORTANT PLEASE NOTE**

* All goods must be ordered through the Students’ Union, DSU will not be responsible/liable for any goods, or payment of goods, not ordered through the Students’ Union SGF.
* All monies must be received within 31 days of receipt of an official invoice. Cheques must be payable to ‘DSU’.
* All monies must be paid directly to DSU as instructed in section 3a. DSU will not accept responsibility for any payment given to club or society representatives.
* Correspondence must be via the Students’ Union and should be addressed to the Opportunities Team, De Montfort Students’ Union

**5. SIGNATURE OF PARTICIPANTS**

This Agreement represents the entire agreement between the parties in relation to the subject matter of this Agreement and supersedes any previous agreement, whether written or oral, between the parties in relation to that subject matter. All signatures must be signed and the document must be given to the DSU Opportunities Team before the date of the agreement for this to be valid.

**Signature on behalf of Society/Club Signature on behalf of Sponsor**

**Printed Name: Printed Name:**

**Date: Date:**

**Signature of DSU Executive Signature of Student Opportunities Coordinator**

**Printed Name: Printed Name:**

**Date: Date:**

*This contract should be returned to The Opportunities Team (dsuopportunities@dmu.ac.uk, De Montfort Students’ Union. The Committee must also complete and return the Sales Invoice Booking form below. Please be aware if your contract contains multiple payment instalments, a separate sales invoice booking form must be completed for each payment date. Each form should contain only the amount payable on that date and not the overall Sponsorship total. The Sales Invoice will cover any discounted or free drinks/ room hire the sponsors are giving the student group and must be completed for each event the student group has.*

SALES INVOICE BOOKING FORM

|  |  |
| --- | --- |
| Invoice Number (FINANCE OFFICE USE ONLY): | |
| Date – | Date Payment is Due- |
| Company Name – | |
| Address – | |
| Telephone Number – | |
| Mobile Number - | |
| Fax Number - | |
| Contact Name – | |
| Accounts Office Contact – | |
| Society/ Sports Club Name and E Code – | |
| Description of Sale – | |
| Goods Total – | |
| VAT - | |
| Gross Total – | |

|  |
| --- |
| FINANCE OFFICE USE ONLY |
| 1st Telephone Call |
| 2nd Telephone Call |
| Demand Letter Sent |
| Final Demand Letter Sent |