

**General Event Information**

Chapter Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Chapter Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Chapter Name (if applicable):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Today’s Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Date of the Event: \_\_\_\_/\_\_\_\_/\_\_\_\_

What type of event? (Select one)

 Fundraiser\_\_\_\_\_\_ Outreach\_\_\_\_\_\_

Location of the Event:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time of the Event: \_\_\_\_\_\_\_\_\_\_\_\_\_\_



**Event Description:**



I understand that the above event will take place at the date and time described above and that **50% of ALL chapters will be in attendance/participate in someway**.

Name of Person Submitting Form:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Chapter Presidents:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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\*Return form to Panhellenic mailbox in the IGC cube\*

\*\*Fundraising checks need to be made out to TCNJ Panhellenic\*\*