Chapter Events/Program Form

Chapter: __________________________________ Date of Event: _______________________

Type of Program according to Florida Greek Standards: ________________________________________
(i.e. Non-Alcoholic social, Alumni event, Membership Education program, etc.)

Name of Event/Program: ________________________________________________________________

Chapter Officer in Charge (Name and Title): ______________________________________________

Other Chapter Members Involved________________________________________________________

Number of Chapter Members at Event _______________ Percentage of Chapter: __________% 

# of New Members/Neophytes: _____________ # of Active Members: _________________ 

Please describe the details of program/event.

____________________________________________________________________________________
____________________________________________________________________________________
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Chapter Advisor _________________________________________________________________ 
(Name) (Signature) (Date)

Chapter President ___________________________________________________________________
(Name) (Signature) (Date)

Chapter Officer _________________________________________________________________ 
(Event Coordinator) (Name) (Signature) (Date)