

Chapter Annual Alumni/Parents Events

Name of Greek Organization: _____

Person completing this form: _____

President's Signature

Adviser's Signature

Alumni's Signature

Below please list this coming year's event that will involve parents and or alumni.

Event: _____

Date of Event (anticipated): _____

Goal for event – if not obvious from title? _____

Other information _____

Event: _____

Date of Event (anticipated): _____

Goal for event – if not obvious from title? _____

Other information _____

Event: _____

Date of Event (anticipated): _____

Goal for event – if not obvious from title? _____

Other information _____
