



CHAPTER HOUSE INFORMATION FORM

NAME OF FRATERNITY/ SORORITY: [input field]

ADDRESS [input field]

NAME OF PERSON COMPLETING THIS FORM [input field]

TITLE [input field]

CONTACTS

House corporation contact name [input field] PHONE [input field]

Additional house contact [input field] PHONE [input field]

Additional house contact [input field] PHONE [input field]

Additional house contact [input field] PHONE [input field]

Live-in house director name [input field] PHONE [input field]

HOUSING DETAILS

Are meals provided in-house? YES NO If yes; do out-of-house members have an option to eat in-house meals? YES NO

Catering company name [input field]

Rent \$ [input field] Per Month Per Semester Per Year