



CHAPTER PROGRAM REPORT

PLEASE COMPLETE THIS FORM AND UPLOAD IT, AND ANY EVENT PHOTOS, TO YOUR CHAPTER GOOGLE DRIVE FOLDER.

COMPLETED EVENT REPORT IS DUE WITHIN THIRTY (30) DAYS OF THE EVENT.

NAME OF FRATERNITY/ SORORITY:

NAME OF PERSON COMPLETING THIS FORM:

EMAIL ADDRESS:

EVENT INFORMATION

CHECK ONE: SPRING FALL

Philanthropy Event Community Service Event Co-Sponsored Event
 Parents Event Alumni/ae Event Circle of Sisterhood Fundraiser

Date & Time of Event: Location:

Event Title:

EVENT REFLECTION

Description of Event:

What was the goal in hosting this particular program? Was this goal achieved?

What went well and what could have been improved?

PLEASE COMPLETE THE SECOND PAGE

Any additional details you wish to provide about the event for award consideration:

For philanthropy or Circle of Sisterhood events, please complete the following:

PHILANTHROPY DETAILS

Please attach an email from the benefiting organization, check stub, receipt or similar documentation for Philanthropy projects.

Name of Benefiting Organization:

Total Contributed:

Organization Contact Name:

Organization Contact Phone:

PHILANTHROPY DETAILS

Please attach an email from the benefiting organization, check stub, receipt or similar documentation for Philanthropy projects.

Name of Benefiting Organization:

Total Contributed:

Organization Contact Name: Organization Contact Phone:

For service events, please complete the following:

COMMUNITY SERVICE DETAILS

Hours Submitted on iServe Hours tracked by chapter

Name of Agency:

Agency Contact Name:

Agency Contact Phone:

Number of Chapter Members Participating:

Total Hours (members x hours):

COMMUNITY SERVICE DETAILS

Hours Submitted on iServe Hours tracked by chapter

Name of Agency:

Agency Contact Name: Agency Contact Phone:

Number of Chapter Members Participating: Total Hours (members x hours):