

**CHAPTER HOUSE INFORMATION**

NAME OF FRATERNITY/ SORORITY:

ADDRESS

NAME OF PERSON COMPLETING THIS FORM

TITLE

**CONTACTS**

House corporation contact name	<input type="text"/>	PHONE	<input type="text"/>
Additional house contact	<input type="text"/>	PHONE	<input type="text"/>
Additional house contact	<input type="text"/>	PHONE	<input type="text"/>
Additional house contact	<input type="text"/>	PHONE	<input type="text"/>
Live-in house director name	<input type="text"/>	PHONE	<input type="text"/>

**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

Rent \$   Per Month  Per Semester  Per Year

PLEASE COMPLETE THE SECOND PAGE

Provide the name of all house occupants for spring 2017 below

	Name		Name		Name
1		13		25	
2		14		26	
3		15		27	
4		16		28	
5		17		29	
6		18		30	
7		19		31	
8		20		32	
9		21		33	
10		22		34	
11		23		35	
12		24		36	

Provide the name of all house occupants for fall 2017 below

	Name		Name		Name
1		13		25	
2		14		26	
3		15		27	
4		16		28	
5		17		29	
6		18		30	
7		19		31	
8		20		32	
9		21		33	
10		22		34	
11		23		35	
12		24		36	