

Fraternity/Sorority _____ Date(s) of Event _____

Location of Event _____ Co-Sponsoring Organization (if applicable) _____

Benefiting Organization(s) _____ Contact Person _____

Title/Short Description of Event _____

Type: ___ Community Service (Hands-on)
 ___ Philanthropy (Fundraising)
 ___ Indirect Service/Support (food drives, participation in others tournaments, contests, etc Ex. Derby Days, Delta Gamma Anchor Splash, DphiE Days)

Staffing:

The number of members participating by the number of hours each member worked.

Example: 40 active members x 2 hours each = 80 hours
 10 new members x 2 hours each = 20 hours
 Total Staffing = 100 hours