

Event Request Form — Greek Life at Georgia State University

Organization Name: _____

OSLL Date Stamp: _____

Submitted by: _____

Event Coordinator's Name: _____

Phone: _____

Contact #: _____ Email address: _____

Name of Event: _____

Is this event co-sponsored? If yes, please fill out the following:

Co-sponsoring Organizations: _____

Signature of Presidents for Co-sponsoring Organizations: _____

Date(s) of Event will begin: _____

Time of Event: _____

Location of Event: _____

Event Summary Form — Greek Life at Georgia State University

Number of Chapter Members in Attendance: _____ Please attach a sign-in list.

If **philanthropy**, amount of money given to the organization: _____. Please attach a copy of the check that was sent.

If **hands-on service**, list the name of the agency: _____

Please complete the online forms for chapter service.

If an **educational speaker**, please complete the following:

Speaker's Name: _____

Contact #: _____

Email address: _____

Signature of Speaker: _____

Please type the following information and attach to this sheet:

- Detailed description of the event
- What worked well with this event
- What would your chapter do differently next time?
- Please provide any promotional flyers, pictures, or supporting documents for this event. News of your event could be published in the Signal!

Was a chapter advisor or faculty/staff advisor present?

Yes

No

Chapter President's Signature: _____

Date: _____

Chapter Advisor's Signature: _____

Date: _____