



EVENT AUTHORIZATION FORM

This form must be completed by the Chapter Event Coordinator, Secretary or member in charge of the proposed event and submitted to the Office of the applicable Regional Director fourteen (14) business days in advance of the proposed event for approval.

Name of Event: _____ Sponsoring Chapter/Cluster: _____

Date of Event: _____ Begin Time: _____ End Time: _____

Location: _____

Event Coordinator or Point Of Contact: _____ Contact Number: _____

Type of Event: _____ Is this event Co-Sponsored : ____ YES ____ NO

Name of Co-Sponsor: _____

Description of Event: _____

Chapter/Cluster President: _____

(Printed Name)

(Signature)

Event Point of Contact: _____

(Printed Name)

(Signature)

Soror Rep. Jaye-Charisma Colon

(Printed Name)

Jaye-Charisma Colon

(Signature)

-----**For Office Use Only**-----

Approved: ___ Yes ___ No

If No, please explain why:

Regional Director _____

(Signature)

Date Approved by Regional Director: _____

Date Filed: _____

Date Notified of Approval: _____

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