



Date Submitted: _____

**STATE UNIVERSITY OF
NEW YORK AT NEW PALTZ**
Student Activities and Union Services

Student Union Room 211
845-257-3025

**FRATERNITY & SORORITY
COMMUNITY SERVICE REPORT**

Organization: _____

Date of Event: _____ Time of Event: _____

Location of Event: _____

Description of the Event: _____

Description of the Service your organization rendered: _____

Was this event for your Fraternity/Sorority National/Regional Philanthropy? _____

Did your chapter raise any money at the event? _____ If Yes, amount: \$ _____

Please indicate the members who participated and their hours.

NAME	HOURS	NAME	HOURS

Name of Person Completing this Report: _____

*If possible please attach any supporting documentation such as a newspaper article, a thank you letter, flyers, etc. Please return this form to Student Activities within 2 weeks of completing your service.