Date Submitted:_____

New Paltz
STATE UNIVERSITY OF NEW YORK

Student Activities & Union Services
Student Union Building, Room 211
845-257-3025

FRATERNITY & SORORITY PROGRAM COMPLETION REPORT

Organization: _____

Title of Program: _____

Date: _____Time: _____ Location:_____

Approximate # of people who attended:_____ *Please attach a sign-in sheet!*

Number of Chapter Members who attended: _____

Please provide a full description/purpose of the event: _____

_____

_____

_____

_____

_____

_____

_____

_____

_____

Was this event a collaborative effort with any other organization(s)? _____

If yes, indicate organization(s): _____

Who planned/coordinated the events logistics? _____

Name of person submitting this report: _____

*If possible please attach any supporting documentation such as advertisements, flyers, program outlines, pictures, etc. Please return this form to Student Activities within 2 weeks of completing your program.