Date: _____



ATTN: Fraternity & Sorority Programs | 1303 E University Blvd. | Room 411 | Tucson, AZ 85721

<u>ArizonaEWA@gmail.com</u>

Weekender/Overnight Acknowledgement Form

Host Organization:	
Person Completing Form	Social Chair
Full Name:	Full Name:
Email:	Email:
Phone:	Phone:
President	Advisor
Full Name:	Full Name:
Email:	Email:
Phone:	Phone:
Headquarters Staff Member/Personnel	
Full Name:	Position/Title:
Email:	Phone:
Event Information	
Leave Date:	Leave Time:
Return Date:	Return Time:
Location of Event and Event Description:	
signing below, I certify this weekend is in compliance with he members are still responsible for adhering to the ABOR Stud	
Social Chair Signature:	Date:
President Signature:	Date:
Advisor Signature:	Date:

By

its

HQ Staff/Personnel Signature: