



Fraternity & Sorority Programs

ATTN: Fraternity & Sorority Programs | 1303 E University Blvd. | Room 411 | Tucson, AZ 85721
uapab.director@gmail.com

PHILANTHROPY EVENT REGISTRATION FORM

Host Organization: _____

Philanthropy Chair

Full Name:

Email:

Phone:

President

Full Name:

Email:

Phone:

Event Information

Event Name:

Start Date:

End Date:

Event Address:

Start Time:

End Time:

Est. Total Attending:

Facility Capacity:

Total Anticipated Funds Raised (\$):

**Total Anticipated Volunteer Hours
Contributed (if applicable):**

Do you have a reservation confirmation for your event space in writing (if applicable)?

PHILANTHROPY EVENT REGISTRATION (cont.)

Event Information

Who will be in charge of the event?

Please include name/position and a phone number if it is not the President or Philanthropy Chair.

Purpose of Event:

Benefiting Organization(s):

Describe the layout of the event space (you may include/attach a diagram):

PHILANTHROPY EVENT REGISTRATION (cont.)

Event Itinerary

Below, please include a detailed itinerary of your event. If your event spans multiple days, include each of the days and their activities.

PHILANTHROPY EVENT REGISTRATION (cont.)

Projected Event Expenses

Below, please include a breakdown of your projected costs and expenses for the event (e.g. venue, event supplies, vendors, security/referee costs):

By signing below, I certify all information is true and correct. I also agree to abide by all policies listed in the Philanthropy Advisory Board Constitution and Bylaws. Violations of these policies may be subject to a referral to the Greek Standards Board and/or the Dean of Students.

Host Organization Philanthropy Chair

Signature: _____ Date: _____

Host Organization President Signature: _____ Date: _____