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| **Fraternity and Sorority** |
| Chapter Philanthropy Event Approval Request |

Philanthropy events must be submitted to the Office of Fraternity and Sorority Life at least fourteen days prior to the date of the event for approval. These events (regardless of location) must NOT involve alcohol and must be registered and approved. No guest list is required, but a list of participating chapter members must be submitted with event.

\*Please note that there should be no philanthropy and service events that are planned and hosted solely by new members.

*This MUST be turned in to your respective chapter’s FSL Advisor* ***at least 14 days prior*** *to the event date to receive approval. Proposals turned in after the 14-day period will not be accepted.*

HOST INFORMATION

Hosting Organization(s)

First and Last Name of Philanthropy Chair

Cell Phone Number Philanthropy Chair

E-mail Address Philanthropy Chair

Mailing Address Philanthropy Chair

BASIC EVENT INFORMATION

Event Name

Event Date

Event Time

Event Location

Event Description

Event Purpose

BENEFICIARY INFORMATION

Name of Agency Receiving Donation

Name of Agency Contact Person

Agency Phone Number

Anticipated (Goal) Donation Amount

How Will the Event Fundraise?

EXPENSES ASSOCIATED WITH EVENT

Outline of All Operating Costs Associated with Event.

How Will Such Expenses Be Paid For?

PARTICIPANTS

List Anticipated Participating Organizations.

How Will Participants Be Educated About the Beneficiary?

MARKETING AND PROMOTION

Provide a Detailed Marketing and Promotion Plan, Including Dates and Deadlines.

RULES/STANDARDS FOR EVENT *(If more than one event, provide information for each event.)*

List all event rules and standards:

How Will Rules Be Enforced?

If Participants Violate Rules/Standards, How Will This Be Resolved?

**JUDGES AND COACHES (IF APPLICABLE)**

Describe How Judges and/or Coaches Are Selected and What Will Be Their Responsibility.

**ANNOUNCEMENT OF WINNERS (IF APPLICABLE)**

Describe How the Winners of the Philanthropy Will Be Selected.

Describe How the Announcement of the Winner is made.

Describe What “Prize” (if any) is provided to the Winner.

ACKNOWLEDGEMENT

☐ By checking this box, I am indicating that I understand that all philanthropy events will be alcohol-free. I also recognize that if members of the host organization, and/or participating organization(s) do not meet these standards, the hosting organization, and participating organizations, may be referred to the respective council Judicial Board.

**For Office Use Only:**

Approved: Yes No Signature of Advisor:

If No, Reason: Signature of President:

Date Filed: