

Philanthropy Registration Form

Interfraternity Council/Collegiate Panhellenic Council
Iowa State University

Chapter Name: _____
Chapter President: _____
Chapter Philanthropy Chair(s): _____
Email: _____
Contact Phone Number: _____
Committee Members: _____
Title of Event/Activity: _____
Dates of Event: *Register top three dates with IFC/Panhellenic Council*

1st Preference: _____
2nd Preference: _____
3rd Preference: _____

Preferences are listed so that your chapter can be contacted and already have a backup date in mind if multiple philanthropies are being held on the same date.

Approximate Start Time: _____ Approximate End Time: _____
Estimated number of People Attending: _____
Amount Charging for the Event: _____
(Please note the difference in ticket prices if charged different amounts before event or at door)

Co-Sponsoring Chapter or Organization (if applicable): _____
Name of contact in alternate organization: _____
Contact Phone Number: _____

How does this event promote the mission and purpose of your organization?

Provide a brief description of the event/activity that you are planning:

Please list any sponsors that might be involved with your event and what services they are providing:

What is your fundraising goal? _____

Please have the chapter president and philanthropy chair(s) read and sign this form.

I have read the above and believe all information is accurate to the best of my knowledge. As a chapter officer, I am aware that all chapter philanthropies are alcohol and substance free and that I will make every effort to ensure this policy is followed. I understand that my chapter will be held liable for any actions not in accordance with this policy and will be brought before the Panhellenic or Interfraternity Judiciary Board.

Our organization completed this Pre-Event Planning/Registration form on : _____

_____ Signature of Philanthropy Chair	_____ Date
_____ Signature of Chapter President	_____ Date
_____ Signature of IFC VP Community Service/Philanthropy or CPC Director of Special Projects	_____ Date
_____ Signature of IFC or CPC Greek Advisor	_____ Date

Please turn these forms into the IFC/CPC Office located in B-4, the basement of the Memorial Union. Please keep a copy of this form in your organization's history file.