



STAR

Success Through Accountability and Recognition
SAU GREEK LIFE STANDARDS PROGRAM

SAU Greek Life Athletic/University Event Form

Information on leadership development will be collected on a rolling basis, and compiled at the end of each semester in an effort to show the significant impact of involvement that SAU fraternities and sororities have on campus. This information will portray how Greek Life engages with different departments of the SAU community.

Chapter Information

Fraternity/Sorority Name: _____ Contact Person: _____

Event Information

Check all that apply

Type of Event: Athletic Event
 University Event

Number Attending: _____ Event Date: _____

Event Name: _____

Event Description: _____

University Department: _____ Event Location: _____

Verification

Please attach a picture as proof of attendance

Chapter President Signature: _____ Date: _____

Athletic events must have a chapter picture while inside the game with the game and scoreboard in the background

Then return this completed form within TEN business days after completion to:

Office of Student Activities – Greek Life
Reynolds 201
MSC #9146
Magnolia, AR 71753
Phone: 870.235.4929 Fax: 870.235.5265

For Office Use Only

Date Received: _____

Received By: _____