National Pan-Hellenic Council
Calendar Date Request Form

Return completed form to: Fraternity and Sorority Life - SU 154
407-823-2072 FAX 407-823-2929

Organization & Chapter: _____
Chapter President: _____ Phone:_____
Chapter President Email: _____

Chapter Advisor: _____ Phone:_____
Email: _____

Title of Event: _____
Calendar Date:_____
Organization with calendar date: _____
Chapter President: _____ Phone: _____
Email: _____

Please describe your event in full detail:
_____
_____
_____
_____
_____

Location/time of Event: _____
_____
_____
_____

I, President of the _____ chapter of _____ hereby give authorization for the _____ chapter of _____ to have an event on the calendar date of _____.

Signature of Organization Releasing Date:

_____**Date:_____**
Signature **Print Name** **Title**

Signature of Organization Granted Permission:

_____**Date:_____**
Signature **Print Name** **Title**

For Office Use Only:
Date received: _____ Time:_____ Initials of Recipient:_____
For Director Use Only:
Approved: _____ Yes _____ No Date:_____ Contacted President:_____