



ESA for St. Jude Completed Event Form

Instructions: All information is necessary to process this form. A chair pin will be sent upon receipt of a Completed Event Form for all events raising \$500 or more. Please send any additional comments about this event via e-mail to <u>DeenaS@epsilonsigmaalpha.org</u>.

Is this an ALSAC Ev	ent? If yes, circle one:	Tier 1	Tier	2 Tier 3	
Name of Event:	Event Total* \$:			\$:	
Date of Event:	Event City/St	ate:			
*If an ALSAC event	please list the event ne	t revenue	as per yo	our ALSAC Rep.	
	CHAPTER(S) PAR	RTICIPATIN	IG:		
Chapter Number	Chapter Name	Chapter Name		Percentage of Credit	
EVENT CHA	NR/CO-CHAIR (Note: only	two chairs i	may ha list	ed per event)	
Name	Member Number		Name		
<u>Indiric</u>	Member Number		<u>Name</u>	- crosmage or oroun	

□ To help save on administrative costs, it is not necessary to send any thank you letters or chair pin(s) from the ESA for St. Jude office.

ESA for St. Jude Office, 363 West Drake Road, Fort Collins, CO 80526 p. 970.223.2824 f. 970-223.4456 www.epsilonsigmaalpha.org