ESA for St. Jude
Booked Event Form

Instructions: Return this form to the ESA for St. Jude Office BEFORE event takes place. 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 $100 or more. Please send any additional comments about this event via e-mail to cathy@spsigmasigmaalpha.org. You may book events online at www.epilonsigmaalpha.org > member center > chapter & council management > forms > St. Jude forms

Name of Event: ___________________ Date of Event: ___________

ALSAC Event ID # (if required): ________________________________

Refreshments/Food Being Served (circle one): YES NO

Number of Participants: ________________________________

Location of Event: ______________________________________

Event City/State: _______________________________________  

CHAPTER(S) PARTICIPATING:

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<tr>
<th>Chapter Number</th>
<th>Chapter Name</th>
<th>Percentage of Credit</th>
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Event Chair: ___________________ E-mail: ___________________

Address: _____________________________________________

City/State/Zip: ___________________ Cell Phone: _____________

Home Phone: ____________________

Event Co-Chair: ___________________ E-mail: ___________________

Address: _____________________________________________

City/State/Zip: ___________________ Cell Phone: _____________

Home Phone: ____________________

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