

CHAPTER ATTENDANCE RECORD

Please submit to the Office of Greek Life (HUB Lower Level) no later than two weeks following the event/program.

Event/Program: _____

Date & Time: _____ Location: _____

of Chapter Members on Date Above: _____ # of Chapter Members in Attendance: _____

Organization: _____

Chapter Member (Name Printed)	Chapter Member (Signature)	Chapter Member (Name Printed)	Chapter Member (Signature)
1.		26.	
2.		27.	
3.		28.	
4.		29.	
5.		30.	
6.		31.	
7.		32.	
8.		33.	
9.		34.	
10.		35.	
11.		36.	
12.		37.	
13.		38.	
14.		39.	
15.		40.	
16.		41.	
17.		42.	
18.		43.	
19.		44.	
20.		45.	
21.		46.	
22.		47.	
23.		48.	
24.		49.	
25.		50.	

Date Received by the Office of Greek Life _____

Page ____ of ____