



ESA for St. Jude Completed Event Form

All information is necessary to process this form. Please send any additional comments about this event via e-mail to DeenaS@epsilonsigmaalpha.org.

Is this an ALSAC Event? If yes, circle one: **Tier 1** **Tier 2** **Tier 3**

Name of Event: _____ Event Total* \$: _____

Date of Event: _____ Event City/State: _____

***If an ALSAC event please list the event net revenue as per your ALSAC Rep.**

CHAPTER(S) PARTICIPATING:

<u>Chapter Number</u>	<u>Chapter Name</u>	<u>Percentage of Credit</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

EVENT CHAIR/CO-CHAIR *(Note: only two chairs may be listed per event)*

<u>Name</u>	<u>Member Number</u>	<u>Chapter Name</u>	<u>Percentage of Credit</u>
_____	_____	_____	_____
_____	_____	_____	_____

To help save on administrative costs, it is not necessary to send any thank you letters 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