



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 esaforstjude@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.

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