



**Beta Alpha Psi
Gamma Xi Chapter**

MEMBER/PLEDGE ACTIVITY/EVENT REPORT FORM

Please attach verification/documentation to this report if available.

Name of Event: _____ Date of Event: _____

Event Location: _____

Event Sponsor: _____

Start Time: _____

Duration: _____

Category Requested To Credit:

___ Community Service

___ Professional Development

DESCRIPTION OF EVENT & PLANNING:

Member/Pledge Name: _____

Signature: _____ Date: _____

Name of Supervising Officer: _____

Signature: _____ Date: _____

Phone Number of Supervising Officer: _____