

Annual Projection

To be returned to the Office of Alumni Relations before July 1.

Chapter Name: _____

Chapter Liaison: _____

Submitted By: _____

Email: _____

Chapter Information:

Year: _____

Total Number of Activities Currently Planned: _____

Activity Details *(Please estimate a date or season for planned events):*

Activity # ____:

Name: _____

Date: _____

Location: _____

Description:

University Requests *(requests for speakers/aid in promoting the event, etc...):*

Activity # ____:

Name: _____

Date: _____

Location: _____

Description:

University Requests *(requests for speakers/aid in promoting the event, etc...):*

Activity # ____:

Name: _____

Date: _____

Location: _____

Description:

University Requests (*requests for speakers/aid in promoting the event, etc...*):

Activity # ____:

Name: _____

Date: _____

Location: _____

Description:

University Requests (*requests for speakers/aid in promoting the event, etc...*):

Activity # ____:

Name: _____

Date: _____

Location: _____

Description:

University Requests (*requests for speakers/aid in promoting the event, etc...*):

Photocopy this page as needed.