You must submit this completed form to the Office of Fraternity and Sorority Life at the same time you submit your EPR to secure your philanthropy date. The information provided below will be used on the OFSL event calendar.

**Event Information**

**Event Title:**

**Organization:**

**Proceeds Benefit:**

**Notes** | Please describe how the proceeds will be divided if there are multiple beneficiaries

**Event Date:**

**Location:**

**Address:**

**Start Time:**

**End Time:**

**Event Description** | Please give a detailed description of your event. Please attach a separate sheet of paper with the description to be included on the online calendar if different than listed below.

**Education Component** | Please outline how you are educating attendees about the cause/beneficiary.

**Special Directions** | Please any special directions or other information OFSL needs to know.

**Event Coordinator Contact Information**

**Name:**

**Email:**

**Phone:**

*Please list the information of the individual whose contact information can be included on the event calendar if different than above. Only emails will be provided on the website.*

**Name:**

**Email:**

**Phone:**

Office of Fraternity and Sorority Life | 332 NJ | PO Box 880458 | Lincoln, NE 68588-0458 | 402-472-2582 | Fax: 402-472-1700 | uni.edu/greek
Complete the information below *ONLY IF* you are coordinating an event that is to be scheduled on a day which has already been reserved by another chapter. Please complete the form below concerning the **OTHER CHAPTER’S EVENT**.

Other Organization: ____________________________________________

Event Title: ____________________________________________

Event Date: ______________ Start Time: _______________ End Time: ______________

**Event Coordinator Contact Information**

*This should be the contact information of the event coordinator of the organization who is willing to share their event date.*

Name: ____________________________________________

Email: ____________________________________________ Phone: ______________

**Shared Event Waiver**

By signing below, I understand that the above-mentioned chapter has already scheduled an event on the same day of our chapter’s event. I have spoken with a representative of the other chapter and we have both agreed to share the date. Our event times do not conflict and/or our target audiences differ.

**Description of Shared Event Waiver Agreement**

*Please outline the details of the agreement reached. Use an additional sheet if necessary.*

---

**Chapter One Information** | Chapter who is submitting this form.

Print Name: ____________________________________________

Signature: ____________________________________________

[Signature]

Officer Title: ____________________________________________ Date: ______________

**Chapter Two Information** | Chapter who is agreeing to share the date.

Print Name: ____________________________________________

Signature: ____________________________________________

[Signature]

Officer Title: ____________________________________________ Date: ______________