



# Activities Review Board

## Long Form

Return completed form to Greek Council SU 208

407-823-2072

**Chapter:** \_\_\_\_\_

**Event Chairman:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Title of Event:** \_\_\_\_\_

**Date approved by ARB:** \_\_\_\_\_

**Please describe your event in full detail:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Judges' names and titles:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Location/time of Event:** \_\_\_\_\_

**Describe promotional campaign:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Check all that apply:**

- T-shirts sold
- Raffle prizes
- Admission charges (cost: \_\_\_\_\_)
- Entry fee for teams (cost: \_\_\_\_\_)
- Awards (types: \_\_\_\_\_)
- Awards Ceremony (location/date: \_\_\_\_\_)
- Greeks only or  Open to the community

**For Office Use Only:**

Date received: \_\_\_\_\_ Time: \_\_\_\_\_ Initials of Recipient: \_\_\_\_\_

**For EVP Only:**

Approved: Yes  No  Date: \_\_\_\_\_ Contacted Chair: \_\_\_\_\_