Gamma Province Day 2013

Augustana College

March 23rd, 2013

Chapter Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Number of Members Attending \_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| Name Of Attendee | Name of Attendee |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

Do any members of your chapter attending have dietary concerns? If so, please describe here:

Do any of your members attending have physical limitations? If so, please describe here:

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

**Phlea Plam**

Does your chapter plan to participate in Phlea Plam? Yes \_\_\_\_\_\_\_ No\_\_\_\_\_\_\_\_\_

Do you need more than one table? If yes, how many? \_\_\_\_\_\_\_\_\_

**Musicales**

How many members of your chapter would be interested in performing in the open musicale? \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Payment ($18.00 per person attending)**

Is payment enclosed with this form? Yes\_\_\_\_\_\_\_\_\_\_ No\_\_\_\_\_\_\_\_\_\_

Payment Method: Cash\_\_\_\_\_\_\_\_\_\_\_ Check\_\_\_\_\_\_\_\_\_\_\_\_\_

Please send to: Lisa Beggs Box #147

 Augustana College

 639 38th Street

 Rock Island, IL 61201