

Event Verification Form

To verify service, please complete this form for each different event and submit with your portfolio.

Name of Event: 14th Annual Kickball Tournament

Organization: Kappa Delta Chi Sorority

Type of Service: Sports Tournament Fundraiser

Describe your service activities:

I was assigned as the assistant event coordinator. I coached/lead a team, enforced rules, monitored games, served & monitored the ~~the~~ girls serving lunch, recorded scores, updated the tournament bracket, and assisted the event coordinator with anything needed.

Purpose of Event:

The purpose of this event was to raise money to donate to ~~the~~ my sorority's philanthropy, The American Cancer Society.

Date of Service: 2/25/17 Start time: 7:00 AM End time: 7:00 PM

Total Hours: 12 hours

Supervisor Information

Name: Andrea Rojas

Position: Service Officer

Phone: (832) 704 - 7427

OR

Email: _____

Signature: Andrea Rojas Date 2-25-17

Student Information

Name: Margaret Trame

Signature: Margie A Trame