



Iota Gamma Psi Military Sorority, Inc.

www.iotagamma Psi.org

EVENT AUTHORIZATION FORM

This form must be completed by the member in charge of the proposed event and submitted to the Chapter Event Coordinator & Secretary to the Office of the National Secretary at least seven (7) business days in advance of the proposed event for approval to sec@iotagamma Psi.com. A Risk Assessment form **must** accompany this request.

Name of Event: _____ Sponsoring Chapter/Cluster: _____

Date of Event: _____ Begin Time: _____ End Time: _____

Location: _____

Point of Contact: _____ Contact Number: _____

Type of Event: _____

Description of Event:

Chapter President: _____
(Printed Name) (Signature)

Event Coordinator: _____
(Printed Name) (Signature)

Chapter Secretary: _____
(Printed Name) (Signature)

National Secretary: _____
(Printed Name) (Signature)

Date Filed: _____ Date Notified of Approval: _____