

Kappa Kappa Psi/Tau Beta Sigma SERVICE CERTIFICATE



Application Form

THIS FORM MUST BE TYPED

Name of Contact Person		Phone		Today's Date
Chapter				ΚΚΨ 🗖 ΤΒΣ 🗖
School				
Project		Project Date		
Number of Members Assisting		Number of Candidates Assisting		
Amount of Preparation Time		Actual Work Time		
Clean-Up Time		Total Time Involved		
Is this an Annual Event?	□ No			
	Expenses:	\$_		
	Income:	\$		
	Total Profit:	\$_		
	Amount Donated to Chap	oter: \$_		
Amount Donated to		1: \$_		
	must be included v			
Describe the project (Attach addition	onal sheets if needed):			