

**UNIVERSITY OF CHICAGO
INTERFRATERNITY SING 2017
SING COORDINATING COUNCIL
ENTRY FORM**

ORGANIZATION NAME: _____

SCC REPRESENTATIVES

Please let us know who your SCC representatives are.

Representative 1

Name: _____

Address: _____

Cell: _____

Email: _____

Representative 2

Name: _____

Address: _____

Cell: _____

Email: _____

Alumni Board President

Name: _____

Address: _____

Cell: _____

Email: _____

Other

Name: _____

Address: _____

Cell: _____

Email: _____

DATES OF FOUNDING

Please provide the year your organization was founded on campus along with the year of founding of your national organization.

National organization: _____

Local chapter: _____

Year reorganized (if applicable): _____

Nationally founded at school: _____

City: _____ State: _____

CREST/LOGO

Please supply the crest or logo of your organization to be used in the program. If your national has a web site with graphics (that is publicly available) please make sure to identify which version to use.

Is there a publicly accessible link to the crest or logo? Yes No

If yes, please enter it here: _____

If no, please email a high-quality file (preferably as a PNG or EPS file) with this form to mspellman@uchicago.edu. Please make sure to use the name of your organization in the file name.

NUMBER OF MEMBERS

How many members does your organization have?

Current student members: _____

Alumni members: _____

Number of current and alumni members expected at Sing 2017: _____

INTRODUCTION REMARKS

Provide any recommended commentary that should be included when your chapter is announced at Sing 2017. This should include select accomplishments, philanthropy details, the mission/ideals of your organization, and any notable alums. Please provide in 250 words or fewer.

SING 2017 ENTRY FEE

To cover the costs of producing Sing 2017, each organization is asked to pay a nominal fee for participation. For Sing 2017, the participation fee remains constant from prior years at \$50.00.

Submit payment by credit card [online](#).

Or submit payment by mail with a check made payable to **The University of Chicago** sent to:

Meagan Spellman
The University of Chicago
5245 South Harper Court, #641-07
Chicago, IL 60615

CERTIFICATION

By returning this form, I certify that the Organization agrees to follow the Rules and Guidelines for Sing 2017 (available [online](#)). In particular, I certify that the Organization agrees to make best efforts to encourage alumni participation in Sing 2017 and to require its members to treat all participants in Sing 2017 with respect and civility.

Name: _____ Organization: _____

Address: _____

Email: _____ Cell: _____

Please Return by May 19, 2017.