

RECRUITMENT EVENT FORM



This form must be submitted to the IFC Recruitment Chairman for approval five (5) business days* prior to the time of the event.

Please fill in all of the information below.

Chapter: _____

Date of Event: _____

Time of Event: Start: _____ **Finish:** _____

Theme & Purpose:

Location:

Contact Person: _____ **Phone:** _____

By signing this form I certify that said event will be in full compliance with IFC Recruitment Rules. I further understand that IFC may or may not check the event for compliance. Failure to abide by IFC Recruitment Rules may subject my chapter to grievances or recruitment infractions.

Signature: _____ **Date:** _____

Position: _____

**Business days exclude weekends and University recognized holidays*