



University of Lynchburg

Fraternity and Sorority Life

BID DAY CELEBRATION AGENDA

COMPLETE THIS FORM IN FULL

Chapter Information:

Name of Fraternity or Sorority: _____

Bid Day Celebration Location: _____ Start and End Time: _____

Number of Members Participating: _____

Number of Advisors Present: _____

Advisor Contact Information (name, phone, email):

Bid Day Activities (please add starting time and ending time for all events):

1. _____
2. _____
3. _____
4. _____
5. _____

I understand that Bid Activities will be alcohol free events and that any use or misuse of alcohol will be a direct violation of Inter-Fraternity Council, Collegiate Panhellenic Council, and my own National Organizations standards for Bid Day Celebrations.

____ I understand

I recognize that National Panhellenic Council forbids men from attending Bid Day celebrations (UA X). Chapters in violation of these rules will be disciplined by the Collegiate Panhellenic Council. (*Panhellenic chapters only*)

____ I understand

Name of Chapter President

Signature of President

DO NOT WRITE BELOW THIS LINE: FOR OFFICE USE ONLY

This Bid Day celebration has been approved by the Office of Student Activities and will not deviate from the listed agenda unless instructed otherwise by the Office of Student Activities.

Signature of OSA Contact

Date