

Social Service Form  
(please write legibly)

Individual or Group Event (Circle One)

Name of Participant

\_\_\_\_\_

Name/Type of Activity

\_\_\_\_\_

\_\_\_\_\_

Date of Event/Activity

\_\_\_\_\_

Details of Event/Activity

\_\_\_\_\_

\_\_\_\_\_

Number of Hours \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

(Rest to be filled out by person associated with Event or Organization)

I, \_\_\_\_\_, assert that the member of Alpha Tau Omega Fraternity in  
the Beta Tau Chapter did indeed complete the Event or Activity in the number of hours listed above.

Signature \_\_\_\_\_ Date \_\_\_\_\_