



# TAU BETA SIGMA COLONY ADVISOR REPORT



Photocopy Only!

INSTRUCTIONS: This report should be filed with the National Headquarters on the 1st of each month during the colonization process. Please keep a copy for your records. Please return the completed form to: tbscolony@kkytbs.org.

Sending in Mail: Tau Beta Sigma, National Headquarters, P.O. Box 849, Stillwater, OK 74076-0849

Name: \_\_\_\_\_ TBΣ: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: E-mail: Date Filed: \_\_\_\_\_  
Colony that you are advising: \_\_\_\_\_

## SECTION I – COLONY COMMUNICATION

Last contact with Colony: \_\_\_\_\_ Date: \_\_\_\_\_  
Mail ( ) E-mail ( ) Phone ( ) Visit ( ) Other ( ) \_\_\_\_\_

Type and frequency of contact (number of times you have had contact in each of the following) since last report:

Mail: \_\_\_\_\_ E-Mail: \_\_\_\_\_ Phone: \_\_\_\_\_  
Visit: \_\_\_\_\_ Other: \_\_\_\_\_

Issues discussed/Workshops presented:

## SECTION II – ADVISING CHAPTER COMMUNICATION

Last contact with Advising Chapter: \_\_\_\_\_ Date: \_\_\_\_\_  
Mail ( ) E-mail ( ) Phone ( ) Visit ( ) Other ( ) \_\_\_\_\_

Type and frequency of contact (number of times you have had contact in each of the following) since last report:

Mail: \_\_\_\_\_ E-Mail: \_\_\_\_\_ Phone: \_\_\_\_\_  
Visit: \_\_\_\_\_ Other: \_\_\_\_\_

Issues discussed/Workshops presented:

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**SECTION III – SPONSOR/DIRECTOR OF BANDS COMMUNICATION**

Last contact with Sponsor/Director of Bands: \_\_\_\_\_ Date: \_\_\_\_\_  
Mail ( ) E-mail ( ) Phone ( ) Visit ( ) Other ( ) \_\_\_\_\_

Type and frequency of contact (number of times you have had contact in each of the following) since last report:

Mail: \_\_\_\_\_ E-Mail: \_\_\_\_\_ Phone: \_\_\_\_\_

Visit: \_\_\_\_\_ Other: \_\_\_\_\_

Issues discussed/Workshops presented:

**SECTION IV – DISTRICT COUNSELOR/OFFICER COMMUNICATION**

Last contact with District Governor/Counselor/Officer: \_\_\_\_\_ Date: \_\_\_\_\_  
Mail ( ) E-mail ( ) Phone ( ) Visit ( ) Other ( ) \_\_\_\_\_

Type and frequency of contact (number of times you have had contact in each of the following) since last report:

Mail: \_\_\_\_\_ E-Mail: \_\_\_\_\_ Phone: \_\_\_\_\_

Visit: \_\_\_\_\_ Other: \_\_\_\_\_

Issues discussed/Workshops presented:

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**SECTION V – NATIONAL VICE PRESIDENT FOR COLONIZATION AND MEMBERSHIP COMMUNICATION**

Last contact with NVPCM: \_\_\_\_\_ Date: \_\_\_\_\_  
Mail ( ) E-mail ( ) Phone ( ) Visit ( ) Other ( ) \_\_\_\_\_

Type and frequency of contact (number of times you have had contact in each of the following) since last report:

Mail: \_\_\_\_\_ E-Mail: \_\_\_\_\_ Phone: \_\_\_\_\_

Visit: \_\_\_\_\_ Other: \_\_\_\_\_

Issues discussed/Workshops presented:

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**SECTION VI – NATIONAL HEADQUARTERS COMMUNICATION**

Last contact with NHQ: \_\_\_\_\_ Date: \_\_\_\_\_

Mail ( ) E-mail ( ) Phone ( ) Visit ( ) Other ( ) \_\_\_\_\_

Type and frequency of contact (number of times you have had contact in each of the following) since last report:

Mail: \_\_\_\_\_ E-Mail: \_\_\_\_\_ Phone: \_\_\_\_\_

Visit: \_\_\_\_\_ Other: \_\_\_\_\_

Issues discussed/Workshops presented:

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**SECTION VII – SIGNATURE**

\_\_\_\_\_

Advising Person

\_\_\_\_\_

Date Signed

This comprehensive report must be submitted to the National Vice President of Colonization & Membership & National Headquarters of Tau Beta Sigma by the 1<sup>st</sup> of each month.