



# TAU BETA SIGMA COLONY STATUS REPORT



Photocopy Only!

INSTRUCTIONS: Please type or print clearly answering all questions to the best of your ability. This report should be filed with the National Vice President of Colonization & Membership & National Headquarters on the 1st of each month during the colonization process. Please keep a copy of this report for your own files. Please return the completed form to: tbscolony@kkytbs.org.

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

Colony: \_\_\_\_\_ TBS Chapter Reactivating (if applicable): \_\_\_\_\_  
Colony Mailing Address (see note below): \_\_\_\_\_  
Colony Physical Address (see note below): \_\_\_\_\_  
College/University: \_\_\_\_\_ District: \_\_\_\_\_  
Colony Phone: Colony Web Site: \_\_\_\_\_ Colony E-mail: \_\_\_\_\_  
This Report Was Prepared By: \_\_\_\_\_ Date Filed: \_\_\_\_\_

## SECTION I - COLONY LEADERSHIP/COMMUNICATION

NOTE: Please provide all information including telephone numbers. Bulk mailing procedures require **CORRECT** and **COMPLETE** address information. If your mailing address is a U.S. Post Office box, specify "P.O. Box" in your address. If your mailing address is a campus mailbox, specify "Campus Box" number. PODIUM shipments require a physical address (i.e., a street name and number or a building and room number), **not** a U.S. Post Office box.

### Sponsor Information

Sponsor: \_\_\_\_\_ Director of Bands: \_\_\_\_\_  
Sponsor Office Telephone: \_\_\_\_\_ Director of Bands Telephone: \_\_\_\_\_  
Sponsor Office Address: \_\_\_\_\_ Director of Bands Address: \_\_\_\_\_  
\_\_\_\_\_  
Sponsor Phone: \_\_\_\_\_ Director of Band's Phone: \_\_\_\_\_  
Sponsor E-mail: \_\_\_\_\_ Director of Bands E-mail: \_\_\_\_\_

### Colony Officers

*Date these officers were Elected:* \_\_\_\_\_

President: \_\_\_\_\_ Corresponding Secretary: \_\_\_\_\_  
Vice President: \_\_\_\_\_ Treasurer: \_\_\_\_\_  
Recording Secretary: \_\_\_\_\_ Alumni Secretary: \_\_\_\_\_

## SECTION II - SCHOOL DATES

NOTE: Information in this section is for the dates of next year's academic calendar. This information should be located in your school's catalog. The information collected is for use by the National Headquarters and for the Chapter Field Representatives to better schedule their visits.

### Semester System

### Quarter System

**Fall Semester Begins:** \_\_\_\_\_

**Fall Quarter Begins:** \_\_\_\_\_

Fall Break Dates: \_\_\_\_\_

Fall Quarter Ends: \_\_\_\_\_

Fall Semester Ends: \_\_\_\_\_

Winter Quarter Begins: \_\_\_\_\_

Spring Semester Begins: \_\_\_\_\_

Winter Quarter Ends: \_\_\_\_\_

Spring Break Dates: \_\_\_\_\_

Spring Quarter Begins: \_\_\_\_\_

Spring Semester Ends: \_\_\_\_\_

Spring Quarter Ends: \_\_\_\_\_

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

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**SECTION III – COMMUNICATION**

1. Advising Person: \_\_\_\_\_

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

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

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

B. Issues discussed: \_\_\_\_\_  
\_\_\_\_\_

2. Advising Chapter: \_\_\_\_\_

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

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

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

B. Issues discussed: \_\_\_\_\_  
\_\_\_\_\_

3. National Officer/Headquarters: \_\_\_\_\_

A. Last contact with National Officer/Headquarters: \_\_\_\_\_ Date: \_\_\_\_\_  
Mail ( ) E-mail ( ) Phone ( ) Visit ( ) Other ( ) \_\_\_\_\_

B. Issues discussed: \_\_\_\_\_  
\_\_\_\_\_

4. District Officers/Governors: \_\_\_\_\_

A. Last contact with District Officer/ Counselors: \_\_\_\_\_ Date: \_\_\_\_\_  
Mail ( ) E-mail ( ) Phone ( ) Visit ( ) Other ( ) \_\_\_\_\_

B. Issues discussed: \_\_\_\_\_  
\_\_\_\_\_

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**SECTION IV - COLONY FINANCES**

NOTE: Information in this section should be directly taken from the colony treasurer's records, which should be thoroughly examined. A self-audit of the colony financial records must take place each month.

- |   |          |
|---|----------|
| 1. Beginning of the month balance                         | \$ _____ |
| 2. Income   | \$ _____ |
| 3. Money available (add line 1 and line 2)                | \$ _____ |
| 4. Expenses*  | \$ _____ |
| 5. End of the month balance (subtract line 4 from line 3) | \$ _____ |

\*Amount of money (from #4 Expenses) used to support your band program: \$ \_\_\_\_\_  
(i.e., donations, scholarships, purchases, etc.)

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Treasurer's Signature

Please list any major fund-raising activities currently being used to provide colony operational funds:

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**SECTION V - COLONY ACTIVITIES SINCE LAST REPORT**

NOTE: Please supply information for the following activities.

A. Service Projects

Did you receive help? From whom?

B. Fund-raising Projects

Did you receive help? From whom?

C. Social Activities

Did you receive help? From whom?

D. Finances

Did you receive help? From whom?

E. Petitioning Document:

Did you receive help? From whom?

F. Membership Education Program:

Did you receive help? From whom?

G. Constitution:

Did you receive help? From whom?

H. New Ideas for Upcoming Month in Service (for Colony, music program, or community), Fund-raising projects or Social Activities.

Did you receive help? From whom?

I. Contact with other KKΨ, or TBΣ Chapters, National Officers, National Headquarters or other Music Organizations?

J. Colony needs help with:

K. Sponsor comments:

L. Director of Bands comments:

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### **SECTION VI - COLONY INFORMATION**

NOTE: Information in this section is for demographics of the colonies, and is used by the National Councils and National Headquarters for long term planning. Please provide all information, and please put a N/A next to any question that does not apply. This information only needs to be submitted once a year or as it changes

Total number of colony members: \_\_\_\_\_

Number of members that are:

First Year: \_\_\_\_\_ Fourth Year: \_\_\_\_\_ Males: \_\_\_\_\_

Second Year: \_\_\_\_\_ Fifth Plus: \_\_\_\_\_ Females: \_\_\_\_\_

Third Year: \_\_\_\_\_ Graduates: \_\_\_\_\_

Non-music Majors: \_\_\_\_\_ Music Majors: \_\_\_\_\_

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### **SECTION VII - REQUIRED SIGNATURES**

\_\_\_\_\_  
Colony President

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Colony Sponsor

\_\_\_\_\_  
Date Signed