



Kappa Kappa Psi/Tau Beta Sigma SERVICE CERTIFICATE



Application Form

THIS FORM MUST BE TYPED

Name of Contact Person _____ Phone _____ Today's Date _____

Chapter _____ KKΨ TBΣ

School _____

Project _____ Project Date _____

Number of Members Assisting _____ Number of Candidates Assisting _____

Amount of Preparation Time _____ Actual Work Time _____

Clean-Up Time _____ Total Time Involved _____

Is this an Annual Event? Yes No

Expenses: \$ _____

Income: \$ _____

Total Profit: \$ _____

Amount Donated to Chapter: \$ _____

Amount Donated to Band: \$ _____

Would this project have been completed if KKΨ/TBΣ did not do it? Yes No

**A written endorsement from your Director of Bands regarding this particular project
must be included with this application.**

Describe the project (Attach additional sheets if needed): _____

Return Completed Form to:

Kappa Kappa Psi National Headquarters, P.O. Box 849, Stillwater, OK 74076-0849