

UNIVERSITY OF ARKANSAS AT PINE BLUFF

OFFICE OF STUDENT INVOLVEMENT AND LEADERSHIP

CHAPERONE FORM

PLEASE TYPE OR PRINT

This is to certify that I \_\_\_\_\_  
NAME

will serve as Chaperone for \_\_\_\_\_  
NAME OF ACTIVITY

on \_\_\_\_\_ sponsored by \_\_\_\_\_  
DAY/MONTH/TIME NAME OF ORGANIZATION

=====

Signature \_\_\_\_\_ Phone \_\_\_\_\_  
CHAPERONE

Campus Address \_\_\_\_\_

Signature \_\_\_\_\_  
ADVISOR PRESIDENT

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**WE AGREE THAT IF THIS REQUEST IS APPROVED:**

1. This form will be returned to the Office of Student Involvement and Leadership seven days prior to the activity.
  2. No activity or meeting will be held unless an advisor is present.
  3. The place of meeting or activity is left clean and in order.
  4. No meeting, other than the one above, will be held without prior approval.
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APPROVED: \_\_\_\_\_ DATE \_\_\_\_\_  
Office of Student Involvement/Leadership