

Kappa Psi Pharmaceutical Fraternity

Chapter Activity Report Form

Chapter Name: _____

School / University: _____

Activity Type: _____
(i.e., fundraising, service, etc)

Name of Activity: _____

Number of Brothers needed: _____

Total Amount of Time: _____

Brief Description of Activity: _____

Preparation Needed: _____

Supplies Needed: _____

Results of Activity: _____

Additional Information
and/or Comments: _____

Send as an email attachment to: centraloffice@kappapsi.org Or mail to:

The Central Office - Kappa Psi Pharmaceutical Fraternity
2060 N Collins Blvd Suite 128
Richardson, TX 75080-2657