



- NORTH CAMPUS KENDALL CAMPUS WOLFSON CAMPUS
 MEDICAL CENTER CAMPUS HOMESTEAD CAMPUS INTERAMERICAN CAMPUS

Chaperone Form

Organization Name _____
Event _____
Date(s) _____
Location _____

Chaperones:

| | |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

Club Advisor or Lead Faculty/Staff Chaperone Date

Department Supervisor Date

Director of Student Life Approval Date

Dean of Student Affairs Approval Date