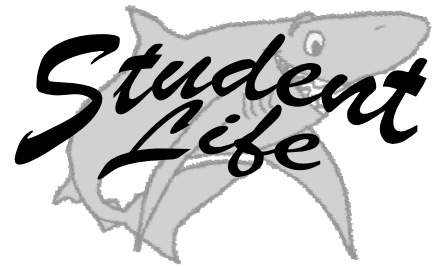




Miami Dade College



- 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