THE UNIVERSITY OF TENNESSEE KNOXVILLE
OFFICE OF SORORITY & FRATERNITY LIFE

SOFE Event Sign-In Sheet

Organization Name: _____ **Event Name:** _____

Event Date: _____

Verification

To receive credit for your organization's attendance at the above event, please ask an event represenative to sign this form below.

Event Rep. Name: _____

Event Rep. Email: _____

Event Rep. Signature: _____

First Name	Last Name