PERSONAL STATEMENT	TOE	
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IN WITNESS WHEREOF, the undersigned, in	tending to be legally bound hereby sets	s their hand and seal the date written below.
Appendix A:	(Name of event,	project, and/or location)
Date	Signature	
CONTACT INFORMATIO	N	
Phone	Printed Name	
Email Address	Street Address	
	City, State, Zip	
If under 19, signature of parent/guardian:		
Printed name of parent/guardian:		
FACULTY/STAFF		STUDENTS
		Hometown:
College:		College:
Department:		Major:
		Class: Fr. Soph. Jr. Sr. Grad. Student Visitor
Title:		Gender: 🗆 Male 🗅 Female
		Greek organization:

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