

# Children's Miracle Network Event Reporting Form

Phi Kaps across the country are helping CMN help kids everywhere. Unfortunately, CMN does not know what Phi Kappa Theta is doing for them if we do not tell them. Please take a moment to complete this brief form after any event that your chapter does to benefit the children of CMN. Thank you for all you do!

Chapter Name \_\_\_\_\_ School \_\_\_\_\_  
Beneficiary's Name \_\_\_\_\_  
Name of event \_\_\_\_\_  
Date of event \_\_\_\_\_ Duration of event \_\_\_\_\_

**Brief Description of the event:**

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# of Active/AM Phi Kaps participating \_\_\_\_\_  
# of Alumni Phi Kaps participating \_\_\_\_\_  
# of non-Phi Kaps participating \_\_\_\_\_  
Total Number Participating \_\_\_\_\_  
Amount of money raised \$ \_\_\_\_\_  
Total Man-hours \_\_\_\_\_  
AND / OR  
Service Provided to CMN / Hospital \_\_\_\_\_

Did any other organizations participate in this event with you? Y / N  
If yes, who were they? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Will you do this event again? Y / N  
Would you recommend this event to others? Y / N

Thank you for your participation in a child's future! Please send your completed form to:

Phi Kappa Theta Fraternity  
9640 N. Augusta Drive, Suite 420  
Carmel, IN 46032  
Fax to: 866-879-1889  
Email to: [executiveoffices@phikaps.org](mailto:executiveoffices@phikaps.org)