



S O U T H E R N
M E T H O D I S T
U N I V E R S I T Y SM

SMU Alumni Chapters Event Request Form

Today's Date: _____

Event Title: _____

Chapter: _____

Event Time and Date: _____

Estimated attendance: _____ Audience: _____

Will there be any fee(s) associated with this event? If so what is the amount?

If venue has been reserved please provide details (venue name & address, contact person, phone number, etc...)

Event Type:

Social/Networking Event

Family Event

Cultural Event

Other

Please describe the event:

Group contact person: _____

Phone number: _____

Email: _____

Fax: _____

Please return to:

Lyndsey Hill, Assistant Director, Chapter Programs

PO Box 750173

Dallas, Texas 75275

Fax: 214-768-4776

Email: lyndsey@smu.edu