## New Member Education Schedule

Please attach a copy of your rush card flyer when submitting this form.

Name of	Recruitment	
Organization:	Period:	

## 1. Please describe your New Member Education Schedule.

Name of Activity:		Week #	Date:	
Time:		Location:		
Goals of the Act	vity / Function of the Activi	ty:		
Who will be pres	ent at the Activity?			
Name of Activity:		Week #	Date:	
Time:		Location:		
Goals of the Acti	vity / Function of the Activity	ty:		
Who will be pres	ent at the Activity?			
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Name of Activity:	Week #	Date:
Time:	Location:	
Goals of the Activity / Funct	ion of the Activity:	
Who will be present at the A		
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Name of Activity:	Week #	Date:
Time:	Location:	
Goals of the Activity / Funct	ion of the Activity:	

Who will be present at the Activity?

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Name of Activity:		Week #	Date:	
Time:		Location:		
Goals of the	Activity / Function of the Activit	y:		

Who will be present at the Activity?

2. Please describe your goals for your new members.