

Kappa Kappa Psi

National Honorary Band Fraternity

CHAPTER SUMMARY REPORT



INSTRUCTIONS: Please answer all questions to the best of your ability. Confirm all information with the appropriate officers and discuss the information to be provided with the chapter sponsor and membership. This form must be properly filed in the National Headquarters and with District Governors postmarked by JUNE 1 and becomes delinquent after that date. Please return the completed form to:

Kappa Kappa Psi, National Headquarters, P.O. Box 849, Stillwater, OK 74076-0849

NOTE: The information provided here is used in the Chapter Directory. Please provide all information including telephone numbers. If your mailing address is a US Post Office Box, specify "PO Box" in your address. If your mailing address is a campus mailbox, specify "Campus Box" number. Bulk mailing procedures (such as *The PODIUM* shipments) require a **CORRECT** and **COMPLETE** physical address (i.e., a street name and number or a building and room number), not a US Post Office Box.

Chapter: _____ College/University: _____ District: _____

Chapter Mailing Address: _____ City: _____ State: _____ Zip+4: _____

Chapter Physical Address: _____ City: _____ State: _____ Zip+4: _____

Chapter E-mail: _____ Chapter Phone: _____

Chapter Web Site: _____

Report Prepared By: _____ E-mail: _____ Date: _____

SECTION I - CHAPTER LEADERSHIP/COMMUNICATION

Sponsor/Director of Bands Information

Sponsor: _____ Director of Bands: _____

Sponsor Address: _____ Director of Bands Address: _____

City: _____ State: _____ Zip+4: _____ City: _____ State: _____ Zip+4: _____

Sponsor Phone: _____ Director of Bands Phone: _____

Sponsor E-mail: *(required)* _____ Director of Bands E-mail: *(required)* _____

Chapter Information

President: _____ Alumni Relations Officer: _____

President E-mail: *(required)* _____ Corresponding Secretary: _____

Vice President: _____ Treasurer: _____

Recording Secretary: _____ Other: _____

Other: _____ Date Elected: _____

SECTION II - SCHOOL DATES

NOTE: The information in this section is for the dates of next year's academic calendar. This information should be located in your school's catalog. The information collected is for use by the National Headquarters and for the Chapter Field Representatives to better schedule their visits.

Semester System

Fall Semester Begins: _____

Fall Break Dates: _____

Fall Semester Ends: _____

Spring Semester Begins: _____

Spring Break Dates: _____

Spring Semester Ends: _____

Quarter System

Fall Quarter Begins: _____

Fall Quarter Ends: _____

Winter Quarter Begins: _____

Winter Quarter Ends: _____

Spring Quarter Begins: _____

Spring Quarter Ends: _____

SECTION III - CHAPTER FINANCES

NOTE: The information in this section should be taken directly from the chapter treasurer's records, which should be thoroughly examined. An audit of the chapter financial records must take place each year.

- | | |
|--|----------|
| 1. Beginning of the Year Balance | \$ _____ |
| 2. Income | \$ _____ |
| 3. Money Available (add line 1 and 2) | \$ _____ |
| 4. Expenses (money used to support your band program) | \$ _____ |
| 5. End of the Year Balance (subtract line 4 from line 3) | \$ _____ |

Please list two major fund raising activities currently being used to provide chapter operational funds:

1) _____

2) _____

SECTION IV - BAND PROGRAM

NOTE: The information in this section is for demographic use by the National Councils and National Headquarters. Please provide all information including the names of the different performance groups. If one of these groups does not exist, please put N/A next to that group.

Number of Students in the Marching Band: _____ Number of Men: _____ Women: _____ Music Majors: _____

Number of Students in the Concert Band(s): _____ Number of Men: _____ Women: _____ Music Majors: _____

Number of Students in the Jazz Bands(s): _____ Number of Men: _____ Women: _____ Music Majors: _____

Number of Students in the Pep Band(s): _____ Number of Men: _____ Women: _____ Music Majors: _____

Names of the Performance Groups: _____

SECTION V - CHAPTER INFORMATION

NOTE: The information in this section is for demographics of the chapter and is used by the National Council and National Headquarters for long term planning. If one of these questions does not apply, please put N/A next to that question.

Year in School of Members:

Number of Members that are:

First Year: _____

Fourth Year: _____

Males: _____

Second Year: _____

Fifth Year: _____

Females: _____

Third Year: _____

Graduates: _____

Music Majors: _____

SECTION VI - ACTIVITIES/OPERATIONS

NOTE: Please attach additional pages to this form.

1. Describe the service, social, and leadership projects undertaken by your chapter this year that have enhanced the college band program on your campus.
2. Describe one memorable activity or special project undertaken by the chapter this year.

SECTION VII - MEMBERSHIP EDUCATION

NOTE: Please attach additional pages to this form.

How many membership classes did your chapter have this academic year? _____

Did you initiate any new members after December 1?

____ No – *Skip to Section IX*

____ Yes

1. Please provide examples of how your chapter actively recruits potential new members in the bands on your campus.
2. Describe a membership education activity that best promotes the Five Purposes of Kappa Kappa Psi.
3. Describe the manner in which your chapter has facilitated the required Hazing Workshop and the date it was completed.

SECTION VIII - MEMBERSHIP EDUCATION SYLLABUS

INSTRUCTIONS: Please provide a full syllabus of the specific membership education activities for this semester's class. Be sure to describe the nature of each activity in detail, including the goal for each activity. Include each activity's location, time of day, purpose, and how the active brothers worked to achieve the desired outcomes of the activities. Feel free to attach more paper or an existing document so long as it meets the above requirements. **Do not attach your candidate manual in place of this page.**

Activity: _____ Time: _____ Location: _____

Purpose: _____

Additional Description: _____

Activity: _____ Time: _____ Location: _____

Purpose: _____

Additional Description: _____

Activity: _____ Time: _____ Location: _____

Purpose: _____

Additional Description: _____

Activity: _____ Time: _____ Location: _____

Purpose: _____

Additional Description: _____

Activity: _____ Time: _____ Location: _____

Purpose: _____

Additional Description: _____

Activity: _____ Time: _____ Location: _____

Purpose: _____

Additional Description: _____

Activity: _____ Time: _____ Location: _____

Purpose: _____

Additional Description: _____

Activity: _____ Time: _____ Location: _____

Purpose: _____

Additional Description: _____

SECTION IX - SPONSOR ENDORSEMENT (REQUIRED)

NOTE: The Chapter Sponsor endorsement is required. Comments should address the local chapter operations and activities. Please attach additional pages to this form if necessary.

SECTION X - REQUIRED SIGNATURES

NOTE: By signing below, you agree to follow the policies of Kappa Kappa Psi. You also acknowledge and are aware of the chapter activities listed above, and that you endorse those activities.

Chapter President

Date

Chapter Sponsor

Date

This comprehensive annual report must be submitted to the National Headquarters of Kappa Kappa Psi postmarked by JUNE 1st of each year.