

Celebration of Life Ritual

(aka Memorial Ritual)

Please complete the following and turn it in by the April 9th City Council Meeting

Sister to be celebrated: _____

Chapter Name: _____ City: _____

Degree Held: _____ Pledge Date: _____

Birth Date: _____ Date of Death: _____

Contact: _____ Contact Phone: _____

Contact email address: _____

Please provide a brief statement about your sister to be read (no more than 400 words).