

Tau Beta Sigma – Gamma Tau

Merit Form

Name \_\_\_\_\_

Event Name & Date \_\_\_\_\_

Description \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Supervisor/Teacher Signature

\_\_\_\_\_

Date

\_\_\_\_\_

Member Signature

\_\_\_\_\_

Date

Only one event per letter. Please fill out completely and return to to the Parliamentarian in a timely manner. See constitution for details.