



**Alpha Kappa Alpha Sorority, Incorporated
North Atlantic Region**

STEP SHOW PERMISSION REQUEST

Chapter _____

College/University _____

Address _____

City, State, Zip Code _____

Step Show Information

Date _____ Time _____

Location _____

Sponsor Organization _____

Purpose _____

Are monetary prizes being awarded _____ Yes _____ No

Academic and Program Information

Chapter overall GPA _____ Any members below C+ GPA ____ Yes ____ No

If so, how many? _____

Date of last Program Activity _____

Describe Last Program Activity Held _____

Date of Next Program Activity _____

Within 7 days all Step Show participants and chapter members must implement a service project and **everyone must participate.*

Signature of the Graduate Advisor _____

Supervising Chapter _____

Telephone Number _____ Fax Number _____

Approved _____ Date _____

Not Approved _____ Date _____

Date Mailed _____ Faxed _____

Four weeks prior to the event, mail the Step Show Permission Request form and copies of Sorors' financial cards who are participating to Soror Evelyn Sample-Oates, North Atlantic Regional Director, 501 Monticello Lane, Plymouth Meeting, PA 19462; (610) 940-2622. This form must be mailed to the Regional Director.

Note: Chapter may participate in only two competitive step shows per semester. Following the Step Show, the chapter must attach a report of the service project.