



DILLARD
UNIVERSITY

Summer Send-Off Form

Yes, I would like to organize a Summer Send-Off for prospective Dillard students!

Contact Person's Full Name: _____ Class Year: _____

Phone Number: _____ Fax Number: _____

Mailing Address: _____

Email Address: _____

If representing a chapter of the Dillard University National Alumni Association (DUNAA), identify the chapter with which you are affiliated:

Proposed date and time of event:

Proposed venue for event (name and street address):

Capacity:

Please complete the above and submit to Talia Pennington at tpennington@dillard.edu by April 30th.