

School Name: \_\_\_\_\_

Program Manager: \_\_\_\_\_

**BEST BUDDIES**



**Best Buddies International Colleges  
CHAPTER CHARTER APPLICATION  
2007-2008 Academic Year**

This form entitles you to use the Best Buddies logo, covers the chapter under Best Buddies liability insurance, and ensures support from Best Buddies staff. Submit this form at **Leadership Conference**. Please print legibly and do not leave anything blank.

**College or University:** \_\_\_\_\_  
School Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
School Phone: (     ) \_\_\_\_\_ School Website: \_\_\_\_\_

**College Buddy Director:** \_\_\_\_\_ Gender: M   F  
Year in School: \_\_\_\_\_ Year Graduating: \_\_\_\_\_  
Campus Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: (     ) \_\_\_\_\_ E-mail: \_\_\_\_\_  
Permanent Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Alternate Phone: (     ) \_\_\_\_\_

**Faculty Advisor:** \_\_\_\_\_ Gender: M   F  
Dept. and Title: \_\_\_\_\_ E-mail: \_\_\_\_\_  
Campus Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Work Phone: (     ) \_\_\_\_\_ Alternate Phone: (     ) \_\_\_\_\_

**Host Site Coordinator:** \_\_\_\_\_ Gender: M   F  
Dept. and Title: \_\_\_\_\_  
Agency Name: \_\_\_\_\_  
Agency Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Work Phone: (     ) \_\_\_\_\_ Alternate Phone: (     ) \_\_\_\_\_  
E-mail: \_\_\_\_\_ Agency Website: \_\_\_\_\_