



TEXAS ETX EXES
care
ABOUT THE PROJECT

Post Event Report

_____ Chapter/Network

Care Chair: _____

Contact Phone Number: _____ Contact E-mail: _____

Partnering Organization or Activity Type: _____

Date of Activity: _____

Location of Activity: _____

Description of service activity (include separate page, if necessary):

Number of participants: _____

Comments from participants (include separate page, if necessary):

Please complete and return this form by March 9, 2012 to:

Laura K. Carpenter
2110 San Jacinto
PO Box 7278
Austin, TX 78713-7278
carpenter@alumni.utexas.edu
Fax: 512.471.8832

Send us your pictures!