

Stony Brook University Fraternity & Sorority Life

Coming Out Show Registration

Organization: _____

Coming Out Show Coordinator

Name: _____ Phone: _____ Email: _____

Date of Show: _____ Location: _____

Start Time of Show: _____ End Time of Show: _____

Chapter President (Print & Sign)

Chapter Advisor (Print & Sign)

Coming Out Show Participant List

	Name (First and Last)	SOLAR ID	Signature
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

Please answer the following questions. Use additional sheets if necessary.

1. What is the attire being worn? Please be specific. Indicate colors if applicable.

2. What types of moves and physical action will take place from entry to exit that members will be requested to complete or do as part of the show?

3. What verbal script is being spoken or sung? Please be clear with all chants, songs, language, and anything else that may be stated in the performance.

4. What types of objects will be used to accessorize or enhance the program and what is the purpose/historial significance of its' use?

Office Use Only

Approved: _____ Unapproved: _____ Signed: _____
 Comments: _____