



Kent State University Alumni Association
[www.ksualumni.org/100 days](http://www.ksualumni.org/100days)

Declaration of Participation

Participating Chapter: _____

Date Enrolled: _____

Key Person of Contact: _____

Address: _____

City: _____

Work/Home Telephone: _____

Cell Phone: _____

Fax: _____

E-mail: _____

Acknowledgement

On behalf of the above-named chapter, I acknowledge by my signature that I have received, read and clearly understand the rules of the Kent State University Alumni Association Centennial Challenge as outlined in the challenge packet.

Signature

Date

Printed Name

Submit completed form to:
Kent State University Alumni Association
Williamson Alumni Center
P.O. Box 5190
Kent, Ohio 44242-0001
Attn: Aimee Bell, Assistant Director Marketing
FAX: 330-672-4723