



THE STUDENT ASSOCIATION OF OKLAHOMA PANHANDLE  
STATE UNIVERSITY

## Report of Campus Activity

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Campus Organization: \_\_\_\_\_

Event Title: \_\_\_\_\_

Date of Event: \_\_\_\_\_

Who will benefit from this program? \_\_\_\_\_

\_\_\_\_\_

Number of estimated students participating: \_\_\_\_\_

Estimated other persons participating: \_\_\_\_\_

\*Return to the Office of the Student Association in the Student Union.