**WELCOME**

**DELTA UPSILON PARENTS!**

****

**New Member & Parents/Family Orientation**

**{DATE}**

**Delta Upsilon Fraternity**

**{University Name}**

**{Address}**

**Delta Upsilon Fraternity**

**International Facts**

|  |  |
| --- | --- |
| **Founded:** | November 4, 1834  Williams College, Williamstown, MA  Founded as the first non-secret fraternity  Sixth-oldest general men's college fraternity  North America's oldest and largest non-secret fraternity |
| **Founding Principles:** | The Promotion of Friendship  The Development of Character  The Diffusion of Liberal Culture  The Advancement of Justice |
| **Fraternity Motto:** | Justice, Our Foundation (Latin Dikaia Upotheke) |
| **Fraternity Colors:** | Old Gold and Sapphire Blue |
| **International Headquarters:** | Delta Upsilon International Fraternity Headquarters  8705 Founders Road  Indianapolis, IN 46268-0942  [www.deltau.org](http://www.deltau.org/)  [ihq@deltau.org](mailto:ihq@deltau.org) |
| **International Membership:** | 70+ chapters and colonies with an average of 56 undergraduate members per chapter and 85,000+ living alumni.  Delta Upsilon has initiated over 134,000 men since its founding. |

**{CHAPTER NAME} Delta Upsilon**

**Chapter Facts**

**{CHAPTER NAME} Delta Upsilon**

**Executive Committee and Advisors  
Contact Sheet**

**POSITION NAME EMAIL PHONE #**

**{CHAPTER NAME} Delta Upsilon**

**Food Service**

**KITCHEN STAFF:**



**BREAKFAST (Monday-Friday)**

***Serving Time:***

Will include:

**LUNCH (Monday-Friday)**

***Serving Time:***

* *Lunch will include salad bar and a side with the main dish.* (Buffet style)

**DINNER (Sunday- Thursday**)

***Serving Time:***

* Dinner will include the main dish 2 sides and salad bar.
* **Chapter Dinner Details:**

**DESSERT**

**BEVERAGES:**

**OTHER:**

* Late plates and sack lunches information

**Sample menu items**:

**SIDE DISHES:**

**ENTREES:**

***CONTACTS:***

**CONTACTS:**

**{CHAPTER NAME} Delta Upsilon**

**DUES BREAKDOWN**

**{CHAPTER NAME} Delta Upsilon**

**CODE OF CONDUCT**

**{CHAPTER NAME} Delta Upsilon**

**HOUSING CONTRACT**

**ASSOCIATE MEMBER INFORMATION SHEET**

**NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
  
HOME ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**PHONE NUMBER:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**UNIVERSITY EMAIL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**MAJOR/AREA OF STUDY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**EMERGENCY CONTACT INFORMATION:  
 *-PRIMARY-***

**NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ RELATIONSHIP:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
  
ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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PHONE NUMBER: \_\_\_\_\_\_\_\_\_\_­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ EMAIL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***-SECONDARY CONTACT-***

**NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ RELATIONSHIP:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
  
ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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PHONE NUMBER: \_\_\_\_\_\_\_\_\_\_­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ EMAIL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**NAME OF ROOMMATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**ANY NECESSARY HEALTH REQUIREMENTS/INFORMATION:**

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**DIETARY RESTRICTIONS / FOOD ALLERGIES:**

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**FAVORITE MEALS/TYPE OF FOOD:** 

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**