



**CHAPTER CHALLENGE
CHAPTER COMMITMENT FORM**

Please Complete the Information Below if your Alumni Chapter plans to participate in the Tom Joyner Foundation Chapter Challenge.

ALUMNI CHAPTER INFORMATION:

Name of Chapter: _____

Contact Person: _____

Mailing Address: _____ Phone: (____)

City: _____ State: _____ Zip: _____

Email Address: _____

SOTM PARTNER INFORMATION

HBCU Contact Name: _____

Contact _____