Zeta Phi Beta Sorority, Inc.

Youth Auxiliary Reporting Form

Date:_____

Sponsoring Chapter:_____ Region:_____

Address: _____
Street Address/PO Box City, State, Zip

Chapter President's Name: _____ Phone Number: _____ Email: _____

Youth Advisor's Name: _____ Phone Number: _____ Email: _____

Type of Report: ❑ Initial ❑ Supplemental ❑ New Members
Auxiliary: ❑ Archonettes ❑ Amicettes ❑ Pearlettes

Please list the name of all registered youth for the above indicated auxiliary.

Name	ID#	Street Address	City/State/Zip	Phone Number(s)	Date of Birth	E-mail Address	Status

Status: AR – Archonette NAR – New Archonette AM – Amicette NAM – New Amicette P – Pearlette NP – New Pearlette

Please retain a copy for your records.