RHSA / P.U.P. Sheet

Tandem Programs

Hall:
Date & Time of Program:
Title of Program:
Tandem RA/CM/Hall/Organization:

How much time was used to advertise for this program?
Number of residents in attendance:
Give a brief description of this program. How did it benefit the community?

How did a collaboration enhance this program? What did your Hall Government contribute to make it more effective?

This program was unbeatable because...
Hall Government President’s Signature: ________________________________
Date: __________

RA Liaison’s / RD’s Signature: ________________________________
Date: __________

Tandem RA/CM/Hall/Organization’s Signature: _______________________
Date: __________

Tandem Programs with other Hall Governments require BOTH Halls to complete a P.U.P. Sheet for GFP consideration.