Kappa Kappa Psi

National Honorary Band Fraternity



SILVER BATON AWARD APPLICATION

IMPORTANT GUIDELINES:

- 1. This application must arrive or be postmarked 30 days before the date of award presentation to insure delivery.
- 2. The \$10.00 fee **must** accompany the application.
- 3. All signature are **required** and **must** be dated to process the application.

Kappa Kappa Psi, National Headquarters, P.O. Box 849, Stillwater, OK 74076-0849

CERTIFI	CALE INFORMATION			
Name of Kaj	ppa Kappa Psi Chapter:			
Name of University/College where chapter is located:				
Name of Rec	cipient:			
Anticipated 1	Date of Presentation:			
REQUIR	ED SIGNATURES AND DATE	S		
Chapter Pres	sident: Enter Name	Signature		Date
	Enter Name	Signature		Date
Chapter Seco	retary: Enter Name	Signature		Date
Director of E		•		
	Enter Name	Signature		Date
MAILING	G INSTRUCTIONS	PREPARED BY		
Send to:	Name:	Name:		
	Address:	Phone:		
	City/State/Zip:	E-mail:		
PAYMEN	T INFORMATION			
☐ Che	eck (payable to Kappa Kappa Psi)	Credit Card		
Name on Ca	rd:		Visa	☐ MasterCard
Card Numbe	ar.	Evn Date:	Phone:	