Davidson College Patterson Court Office
Anti-Hazing Contract Confirmation Form

By signing below, the following members of _____*organization* confirm that on _____ *date* they reviewed the *Anti-Hazing Contract* of Davidson College and agreed to uphold our zero tolerance for hazing.

_____	_____
Organization President	New Member Educator
_____	_____
Campus Advisor	Alumnus/a Advisor

New Member Name Social Security Number Signature

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Please attach additional signature page(s) if necessary.

Anti-Hazing Contract Confirmation Form, continued

New Member Name	Social Security Number	Signature