Fraternity and Sorority Event Registration Form

For events without alcohol: only pages 1-2 must be submitted five business days prior to the event before 5:00 PM.

For events with alcohol: pages 1-3 must be submitted ten business days prior to the event before 5:00 PM.
The final guest list must be submitted at least 48 hours before the event.

*Pages 4 and 5 will be filled out by a university official in the event of a check-in*

The chapter does hereby accept full responsibility for the event stated below. In accepting this responsibility, the chapter will make certain that the applicable federal, state, county, city, and University laws and policies, as well as the Local and national/international organization Risk Management Policies and Procedures are enforced. If national/international organization policies are stricter on regulations than those listed below, chapters will be held to the national/international organization standards. The chapter understands that it is required to regulate the behavior of all individuals in attendance during the event. The chapter understands that failure to abide by all terms of this form and all event policies and regulations may result in disciplinary action. The chapter understands that hosting/participating in this event without full completion of this form and emailed confirmation by its respective governing council is a violation of the Relationship Agreement.

*Events that need an Event Registration Form: subject to change*

- Closed parties, open parties, chapter retreats, tailgates, alumni events, formals/in-formals, exchanges/socials, recruitment events, any event where alcohol will be present, any pre-planned event not including internal brotherhood/sisterhood events, university sponsored workshops, ritual, chapter meetings, or if an event is taking place in the Taggart Student Center (TSC).

I. EVENT INFORMATION

1. Chapter Name: __________________________

2. Co-Sponsoring/Participating Chapter(s): __________________________

3. Date of Event: __________________________

4. Start Time: __________________________

5. End Time: __________________________

☐ Check: if this is a re-occurring event

(Must be registered at least ten business prior if alcohol is involved, five business days for dry events.)

6. Theme: _____________________________________________________________________

7. General Event Description: _____________________________________________________

II. LOCATION

1. ☐ Chapter Facility ☐ Private Residence ☐ Recreational (retreat, camping trip, etc.) ☐ Event Venue ☐ Other

2. Name of Location: ______________________________________________________________

3. Address of Location: ____________________________________________________________

4. On Site Contact (for the event): __________________________________________________

5. Number of Chapter Members/New Members: _________      Number of Alumni Attending: ________

   Number of Guests of Chapter Members/New Members: ________
III. CONTACT INFORMATION

(Events with alcohol are required to have at least **two** members designated as the points of contact for the event, these members must be completely sober for the entirety of the event.)

<table>
<thead>
<tr>
<th>1. Chapter President Name</th>
<th>Phone</th>
<th>Email</th>
<th>Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. Risk Manager Name</td>
<td>Phone</td>
<td>Email</td>
<td>Signature</td>
</tr>
<tr>
<td>3. Event Planner/Social Chair Name</td>
<td>Phone</td>
<td>Email</td>
<td>Signature</td>
</tr>
<tr>
<td>4. Other Responsible Person (if needed)</td>
<td>Phone</td>
<td>Email</td>
<td>Signature</td>
</tr>
<tr>
<td>5. Chapter Advisor</td>
<td>Phone</td>
<td>Signature</td>
<td>Date</td>
</tr>
</tbody>
</table>

6. Please indicate which two individuals will be sober the entirety of the event (if applicable):
   a. ________________________________
   b. ________________________________

7. Transportation to and from the Event (Select all that apply) □ N/A □ Buses □ Private Vehicles

8. List any and all steps you will take to mitigate the risk of this event beyond your standard national and local policies:

9. Please provide any additional information about this event that you would like to disclose:

-------------------------------------------------------------------------
-------------------------------------------------------------------------

FOR OFFICE USE ONLY

Status: Satisfactory [ ] Unsatisfactory [ ] Fail [ ]

Comments:

Additional Notes:

Signatures:

____________________________________________________________________

Date: ____________________________

____________________________________________________________________

Date: ____________________________
ADDITIONAL INFORMATION FOR EVENTS WITH ALCOHOL
(To be completed after consulting with the Fraternity/Sorority Life Advisor)

IV. HEALTH AND SAFETY INFORMATION

1. The following alternative non-alcoholic beverages will be provided to guests:
__________________________________________________________________________________________________
__________________________________________________________________________________________________

2. The following non-salty foods will be provided to guests:
__________________________________________________________________________________________________
__________________________________________________________________________________________________

3. The following system will be used to verify the event attendees on the guest list, and to verify 21+ attendees:
   (Guest list must be turned in at least 48 hours before the event. Note: the guest to active/new member ratio should not exceed 2:1)
__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________

4. Type of Entertainment Provided at the Event:
   (DJ, Band, Dancing, Games, etc.)
__________________________________________________________________________________________________
__________________________________________________________________________________________________

5. Please provide any additional information about this event you feel is pertinent:
__________________________________________________________________________________________________
__________________________________________________________________________________________________
Event Name:

University Fiduciary Official (UFO) #1: _______________ University Fiduciary Official #2: _______________

Start Time: ______ End Time: ______

I. EVENT INFORMATION

1. Chapter Name: Verified ☐ Initials: ____ ____

2. Co-Sponsoring/Participating Chapter(s): Verified ☐ Initials: ____ ____ ☐ N/A

3. Date of Event: 4. Start Time: 5. End Time:
(Must be registered at least ten business prior if alcohol is involved, five business days for dry events.)
Comments:

6. Theme: Verified ☐ Initials: ____ ____

7. General Event Description: Verified ☐ Initials: ____ ____
Comments:

II. LOCATION

1. ☐ Chapter Facility ☐ Private Residence ☐ Recreational (retreat, camping trip, etc.) ☐ Event Venue ☐ Other

2. Name of Location: Verified ☐ Initials: ____ ____

3. Address of Location: Verified ☐ Initials: ____ ____

4. On Site Contact (for the event): Verified ☐ Initials: ____ ____

5. Number of Chapter Members/New Members: ________ Number of Alumni Attending: ________
Number of Guests of Chapter Members/New Members: ________

-----------------------------------------------------------------------------------------------------------------------------
FOR OFFICE USE ONLY

Status: Satisfactory ☐ Un satisfactory ☐ Fail ☐
Comments:

Signatures:

__________________________________________ Date: ________________________
__________________________________________ Date: ________________________
III. CONTACT INFORMATION

6. Two sober monitors were identified and upheld the responsibilities of their role:
   - Satisfactory
   - Unsatisfactory
   - Failed

   Comments:

IV. HEALTH AND SAFETY INFORMATION

1. Non-alcoholic beverages were available:
   - Satisfactory
   - Unsatisfactory
   - Failed

   Comments:

2. Non-salty foods were available:
   - Satisfactory
   - Unsatisfactory
   - Failed

   Comments:

3. There was a system in place used to verify attendees who are 21+ years of age:
   - Satisfactory
   - Unsatisfactory
   - Failed

   Comments:

---------------------------------------------------------------------------------------------------------------

FOR OFFICE USE ONLY

Status:  - Satisfactory  - Unsatisfactory  - Fail

Comments:

Additional Notes:

Signatures:

__________________________________________                    Date: ________________________

__________________________________________                    Date: ________________________