

UtahStateUniversity

FRATERNITY & SORORITY LIFE

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 days 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: _____

UtahStateUniversity
FRATERNITY & SORORITY LIFE

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.)*

1. Chapter President Name	Phone	Email	Signature
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2. Risk Manager Name	Phone	Email	Signature
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3. Event Planner/Social Chair Name	Phone	Email	Signature
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4. Other Responsible Person (if needed)	Phone	Email	Signature
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5. Chapter Advisor	Phone	Signature	Date
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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:

UtahStateUniversity
FRATERNITY & SORORITY LIFE
CHECK-IN FORM

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 Unsatisfactory Fail

Comments:

Signatures:

_____ Date: _____

_____ Date: _____

UtahStateUniversity
FRATERNITY & SORORITY LIFE
For Events with Alcohol

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: _____