Fraternity/Sorority Off-Campus Event Registration Form

Event Date: ____________________________  *due to SLL 3 weeks prior to event
Form Due Date*: ____________________________  *guest list due to SLL 3 days prior to event
Chapter Name: ____________________________
Event Name/Theme: ____________________________
Event Time Start: ____________ End: ____________
Location: Name ____________________________
    Phone ____________________________
    Address ____________________________
    Facility Capacity ____________________________

Type of event:
□ philanthropy
□ social activity
□ seminar/conference
□ retreat
□ other

Number of people attending: Est. chapter members: ____________ Est. total attendance: ____________
• Guest list is REQUIRED for large events (attendance is more than twice number of chapter members).
• For guest list instructions refer to the F/S…Guest List and Alcohol Instructions form.
• Host a maximum of 2 large events per semester, per chapter.

Co-sponsors of the event (eg: other chapter, local business):

Describe the event. How does this event/activity promote the mission of your organization(s)?

Event Management:
Advertising method(s): circle all that apply
    Flyers, online networking sites, chapter website, postcards, word of mouth, invitations
    Other: ____________________________

Using contract(s) with a non-University business?  YES  NO  If YES:
    Type of Service(s) (eg: DJ, rental site): ____________________________
    Vendor Name(s): ____________________________
    Phone(s): ____________________________

Alcohol served?  YES  NO  If YES:
    You must complete the F/S…Alcohol Instructions form and attach it to this form.

Admission charged?  YES  NO  If YES:
    Amount: ____________________________
    Cash handling process (who/how): ____________________________

Transportation provided from campus?  YES  NO  If YES: attach a Certificate of Insurance*
    Transportation company: ____________________________
    Company contact name: ____________________________
    Phone: ____________________________
    Pick-up and Drop-off location(s): ____________________________
    time(s): ____________________________
    *For minimum insurance limits, contact the Greek Advisor

Security Plan:
Security provided?  YES  NO  If YES:
    Company Name: ____________________________
    Phone: ____________________________
    Number of Security guards hired: ____________________________

Number of chapter members designated to monitor the event: ____________
Who/How: ____________________________
Signatures below indicate review of this form, and the related Alcohol form if applicable.

Event Coordinator Signature_________________________________________ Date ________
Name & Position_____________________________________________________
Phone ___________________________________________________________
Email _____________________________________________________________
Will you be present at event? YES NO

Risk Management Officer Signature____________________________________ Date ________
*if your chapter does not have a Risk Mgt officer, write “NONE”*
Name ____________________________
Phone ____________________________
Email _____________________________
Will you be present at event? YES NO

Chapter President Signature__________________________________________ Date ________
Name ____________________________
Phone ____________________________
Email _____________________________
Will you be present at event? YES NO

Chapter Advisor Signature____________________________________________ Date ________
Name ____________________________
Phone ____________________________
Email _____________________________
Will you be present at event? YES NO

Signature below does not indicate approval of this event, only that I have reviewed this form and am aware of this event.

Greek Advisor Signature____________________________________________ Date ________

* Successful completion of this form signifies official registration of the event *

For SLL use only: Chapter Compliance section

Yes No Event listed on chapter calendar

Yes No Form submitted and completed on time

Yes No N/A Guest list submitted on time

Notes:
Fraternity/Sorority Off-Campus Event Form: Guest List and Alcohol Instructions

Guest List Instructions

□ Attach a guest list to the Event Registration Form, or email it directly to the Greek Advisor.

- **Required** for any activity off-campus, hosted by a chapter, where total attendance is more than double the number of chapter members. *Example: formal dances are excluded.*
- Final guest list must be submitted at least 3 business days prior to the event. *Example: if the event is on Thursday, the guest list is due Monday at 5pm.*
- Guest list total cannot exceed the capacity of the location.
- Individuals must be on the final guest list to gain entrance to the event.
- List first name and last name, in alphabetical order by either first or last name. Excel or Word format are preferred.
- Chapters are allowed to host a maximum of two large events per semester, with or without alcohol.

Who will be enforcing the guest list at the entrance to the event?

- Security guard at entrance of event
- Chapter members at the entrance of event
- Other ________________________________

Alcohol Management Plan

- **NO OPEN PARTIES ARE ALLOWED.** An “open party” is an event with unrestricted access where alcohol is served.
- Events may not be advertised as a place where alcoholic beverages are available. (ABC policy).
- Chapters are allowed to host a maximum of two large events per semester, with or without alcohol.

**ID Check:** Who is responsible for identifying guests over/under 21 years of age?

- Security guard at entrance of event
- Chapter members at the entrance of event
- Professional bartender for each purchase
- Other ________________________________

Wristbands: You must use high-quality, plastic wristbands that cannot be transferred.

Food & Beverage Alternatives:

Which non-alcoholic beverages and non-salty food will be provided free of charge?

____________________________________

____________________________________

Alcohol Service Plan:

Sales: You are required to use a Third Party Vendor.

Hours: Recommendation to stop alcohol service one hour before event ends.

Minors: What procedures will be taken if minors are observed drinking?

____________________________________

____________________________________
Fraternity/Sorority Post-Event Evaluation & Notes for Future Planning

To be filled out by the event coordinator and kept in the officer notebook for future reference.

Event Name: ________________________________
Event Date: ________________________________
Estimated attendance: ________________  Actual attendance: __________________
Target audience: __________________________  Actual audience: __________________
Location: ________________________________
Itemized Budget: (attach if possible)

Methods of Advertising:
□ Attach a copy of your advertisements
Flyers, online networking sites, chapter websites, postcards, word of mouth, invitations, other: ________________________________

Event Review and Recommendation:
1) Was your event a success? Why or why not?

2) Do you recommend the chapter to host this event again? YES  NO

3) Did you encounter any unforeseen problems? What would you change?

4) Write your advice for the next event planner.

5) Who made up the committee to help plan and execute the event?
POSITION  NAME  PHONE & EMAIL
______________________________________________________________
______________________________________________________________
______________________________________________________________

6) List contact information for vendors, university staff or others who assisted with this event.
NAME  PHONE & EMAIL
______________________________________________________________
______________________________________________________________
______________________________________________________________

Completed on this date: ___________  By: ________________________________