

## 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: \_\_\_\_\_

**Type of event:**

Event Time Start: \_\_\_\_\_ End: \_\_\_\_\_

philanthropy

Location: Name \_\_\_\_\_

social activity

Phone \_\_\_\_\_

seminar/conference

Address \_\_\_\_\_

retreat

Facility Capacity \_\_\_\_\_

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
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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

6) List contact information for vendors, university staff or others who assisted with this event.

NAME	PHONE & EMAIL
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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Completed on this date: \_\_\_\_\_ By: \_\_\_\_\_