Name of Organization (Do Not Abbreviate): ___________________________  Event Date: __________

Contact Person (print): ___________________________  Signature: ___________________________

Phone #: ______________  Campus Box #: ____________  Position: Social Chair  Risk Mgr  Other: __________

University Adviser: ___________________________  Signature: ___________________________

Please circle all items that apply -

Location:  House  Campus Venue: ____________  Off-Campus: ____________  Event Theme: ____________

Type/Description of Event:  Party (type): ____________  Formal  Philanthropy  Other: ____________

Source of Entertainment:  Band  DJ  None  Other: ____________  Outdoor Event: ____________


Time Event Begins: ____________  (AM/PM)  Time Event Ends: ____________  (AM/PM)  Alcohol?  No  Yes

If yes, please complete section below

Est. Attendance: ________  Admission Fee (if any): ________  Open to Campus?:  Yes  No  Open to Campus?:  Yes  No

Floor Access Required (During Event):  Y  /  N  List Doors Being Requested: ___________________________

Floor Access for Clean-up (Limit to 2 hrs.):  Y  /  N  List Doors Being Requested: ____________  Time/Date: ____________

Security Monitors from the Organization Responsible for Supervising the Event:

<table>
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<tr>
<th>Name (print)</th>
<th>Signature</th>
<th>Phone Number</th>
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NOTE: THIS SECTION MUST BE COMPLETED IF ALCOHOLIC BEVERAGES ARE PERMITTED AT THE EVENT

Type of Service:  BYOB  Other: ____________  Kind and Amount: ____________

Alternative beverages: ____________  Food/snacks (quantity): ____________

Destination of the segregated area located: ____________  Private Security (name): ____________

When having a party or other social event where alcohol will be consumed, a completed Registered Social Event Risk Management Duty Schedule and Invitation List must be attached to this form.

On behalf of the student organization, I have read and agree to abide by the University’s alcohol policy as contained in the Student Handbook and on the reverse side of this form, and all other risk management policies, regulations, and/or procedures relevant to my organization. I understand that the completion and acceptance of this form only indicates registration of the social event, it does not signify University sponsorship or approval of the event.

Date: ___________________________  Signature: ___________________________

Chapter President

Date Received: ___________________________  Received By: ___________________________