BUCKNELL OFF CAMPUS EVENT REGISTRATION FORM

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

Contact Person (print): ____________________________ Signature: ____________________________

Phone #: ____________________________ Campus Box #: __________ Position: Social Chair Risk Mgr Other: ________

University Adviser: ____________________________ Signature: ____________________________

THIS SECTION MUST BE COMPLETED IF ALCOHOL BEVERAGES ARE PERMITTED AT THE EVENT

Location of Event: ____________________________________________ Certificate of Insurance Reviewed: Y / N

Time Event Starts: ____________________________ Time Event Ends: ____________________________

Bus Company: ____________________________________________ Number of Buses: __________

Bus Pick Up Location: ____________________________ Pick Up Time: ____________________________

Bus Drop Off Location: ____________________________ Drop Off Time: ____________________________

Private Security (name): ____________________________ Number of Officers: __________

Type of Service: BYOB Other: _________ Kind and Amount: ____________________________

Alternative Beverages: ____________________________ Food/Snacks (quantity): ____________________________

Estimated Attendance: ________

Sober Monitors from the Organization Responsible for Supervising the Event:

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<th>Name (print)</th>
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If having a social event where alcohol will be consumed an 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

If Received By: ____________________________