-Form must be completed and submitted **48 hours before** the event.

-Fri or Sat events must be registered by the preceding Wed.

-Tues or Thurs events must be registered by the preceding Fri.

**General Event Information**

Chapter Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Today’s Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Date of the Event: \_\_\_\_/\_\_\_\_/\_\_\_\_

Location of the Event:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time of the Event: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Theme of the Event (if applicable):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Planned Attendance: # Members: \_\_\_\_\_\_ # Invited Guests: \_\_\_\_\_\_ Total Attendance:\_\_\_\_\_\_\_\_\_\_

Is this a 3rd Party Event? Yes\_\_\_\_\_\_ No \_\_\_\_\_\_

**Event Type**

What type of event? (Select one)

Mixer\_\_\_\_\_\_ Grab-a-date\_\_\_\_\_\_ NPHC Party\_\_\_\_\_\_ Semi-formal\_\_\_\_\_\_ Formal \_\_\_\_\_\_ Sober Social\_\_\_\_\_\_

***\*For Grab-a-dates, Semi-formals, and Formals please attach guest list\****

What other chapters will be present?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***NOTE: If more than one NPC chapter is involve, all chapters must register the event (4-way events are the largest events permitted)***

Method for safe, sober rides that will be used: Taxis\_\_\_\_\_\_ Charter Bus\_\_\_\_\_\_ Designated/Sober Drivers\_\_\_\_\_\_

Other Service\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If utilizing designated/sober drivers, how many will be there for the event? \_\_\_\_\_\_\_

**Event Logistics**

***Alcoholic Beverages***

Will alcoholic Beverages be present at the event? Yes\_\_\_\_\_\_ No\_\_\_\_\_\_

If yes, what type of alcohol will be present? (Select all that apply) Beer\_\_\_\_\_\_ Wine\_\_\_\_\_\_ Liquor\_\_\_\_\_\_

Who will provide the alcoholic beverages present? (Select all that apply)

Third Party Vendor\_\_\_\_\_\_ Individual Members\_\_\_\_\_\_ Guests \_\_\_\_\_\_ Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Method of Service (Select all that apply):

Licensed Cash Bar\_\_\_\_\_\_ Licensed Bartender\_\_\_\_\_\_ Chapter Members\_\_\_\_\_\_ BYOB\_\_\_\_\_\_ Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

When and how will the verification of legal drinking age become accomplished?

Hand stamp\_\_\_\_\_\_ Wristband\_\_\_\_\_\_ Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Food, Non-Alcoholic Beverages, Security, and Admission Charges***

Will non-salty food be present at the event? Yes\_\_\_\_\_\_ No\_\_\_\_\_\_

If yes, who will provide food present? (Select all that apply)

Third Party Vendor\_\_\_\_\_\_ Individual Members\_\_\_\_\_\_ Guests \_\_\_\_\_\_ Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Will non-alcoholic beverages be present? Yes\_\_\_\_\_\_ No\_\_\_\_\_\_

If yes, who will provide non-alcoholic beverages present? (Select all that apply)

Third Party Vendor\_\_\_\_\_\_ Individual Members\_\_\_\_\_\_ Guests \_\_\_\_\_\_ Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Will admission be charged? Yes\_\_\_\_\_\_ No\_\_\_\_\_\_

If yes, what will admission cover:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I the undersigned, affirm that the above listed social function will be in compliance with all Council, University, Federal, State, and Local policies and laws. The event will also be in compliance with the risk management policy of the above named organization.

*All three signatures must be present.*

Name of Person Submitting Form:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Return to:*

*Panhellenic Association*

*Brower Student Center*

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Organization President:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Social Chair:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_