



fraternity & sorority affairs

Social Event Registration Form

Non-Alcoholic Events

Risk Management Checklist

*Form must be completed at least 48 hours prior to the event.
Return to the Office of Fraternity & Sorority Affairs, 211J Student Union,
between 8 a.m. and 5 p.m. Monday through Friday.*

Today's Date: _____ Chapter Name: _____

Name or theme of the event: _____

Date of the Event: _____ Time of the Event: _____

Location of the Event: _____

Attendance: _____ Members; _____ Invited Guests Total on Guest List: _____

What type of food will be present? _____

What type of non-alcoholic beverages will be present? _____

Will admission be charged? Yes No

Is this event co-sponsored by another chapter, business, or others? Yes No

If yes, please list: _____

**Note: If more than one chapter is involved, all chapters must register the event.
Reminder: 4-way events are the largest events permitted.**

Is this event registered with your national organization? Yes No

We, the undersigned, affirm that the above listed social function will be in compliance with all Council, University, Local, State, and Federal guidelines. 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: _____ Cell Number: _____

Signature of Person Submitting Form: _____

Signature of Organization President: _____

Signature of Social Chair: _____