



IFC Greek Discovery Day Registration Form

Risk Management Checklist

Form must be completed **and** submitted ten (10) days before the event. Return completed form 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, theme, or title of this event: _____

Date of the Event: ____ / ____ / ____ Time of the Event: _____

Location of the Event:

Chapter House On Campus Location

Name: _____

Address: _____ City: _____

Phone Number of host: _____

Anticipated Attendance:

Alumni: _____ Members: _____ Pledges: _____ Invited Guests: _____

Has security been hired for this event? If yes, name of company: _____

On the reverse side, please give a detailed description of the security company's responsibility at the event.

What type of food will be present? _____

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

What physical activities may take place at this event? Running, tackling, swimming, etc.

What procedures are in place to insure the health and safety of all participants? Life vests, eye protection, etc. _____

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.

Is this event registered with your national organization? Yes No

We, the undersigned, affirm that the above listed recruitment function will be in compliance with all Council, University, Local, State, and Federal guidelines. The event will also comply with the risk management policy of the above named organization and *FIPG Guidelines*.

All three SIGNATURES must be present.

Person submitting form: _____ Phone Number: _____

Signature of Recruitment Chair: _____

Signature of Risk Manager: _____