



EMORY

Office of Sorority & Fraternity Life
Division of Campus Life

Event Registration

This must be submitted to the OSFL at least three (3) days prior to the scheduled event. Use this form for **ALL** events (parties, formals, socials, and educational/service/philanthropy programs). Incomplete forms and electronic versions will not be accepted.

A. HOST INFORMATION

Host Chapter: _____

Host Chapter Primary Contact: _____
NAME CELL PHONE

Co-Sponsoring Chapter(s): _____

Co-Sponsoring Chapter Primary Contact: _____
NAME CELL PHONE

B. EVENT INFORMATION

Date of Event: ____/____/____ Start Time: ____:____ AM/PM End Time: ____:____ AM/PM
ALL EVENTS MUST END BY 2:00 AM

Type of Event: Band Party Date Party Mixer or Co-Sponsored Party Program
Service Philanthropy Other: _____

Theme and/or title of Event: _____

Location of Event: _____

Anticipated Attendance: ____ # Active/New Members ____ # Guests

Will event be open to public? Yes No

Will entertainment be provided? Yes No What type and who? _____

Will alcohol be present? Yes No *(If yes attach a guest list and complete Section C)*

C. EVENTS WITH ALCOHOL PRESENT

Type of Event (BYOB –or- 3rd party vendor):

- a) **BYOB** Must have: Guest list, alcohol check-in, proper signage, etc. as listed in the Social Policy. **Non-alcoholic beverages and non-salty foods MUST be provided free of charge at any event where alcohol is present.** Please list the food and non-alcoholic beverages you are providing:

- b) **3rd Party Vendor** _____
NAME OF VENDOR/VENUE, ADDRESS, PHONE

Agency providing security: _____
NAME OF VENDOR, ADDRESS, PHONE)

Who will be responsible for I.D. checks & wristbands? Hired Security Vendor Officers

Will sober drivers be provided? Yes No If yes please complete below

Check all that may apply: Cab Service Private Company Members↓
(attach list of sober drivers)

D. REQUIRED SIGNATURES

We understand that ANY activities before or after any event, (i.e. pre-parties, after parties, etc.) are considered part of the event and affirm that this Event Registration Form (and any attached documentation) is true, correct, and complete. We understand that withholding, misrepresenting, or falsifying information could result in a suspension of all privileges as a registered student organization at the University, or other sanctions. Further, our chapter accepts all responsibility for enforcing the policies of the Interfraternity Council, International Headquarters, Emory University, and all state/county/laws, codes and ordinances.

1. Social Chair

NAME (print)

SIGNATURE

CELL PHONE

DATE

2. Chapter President

NAME (print)

SIGNATURE

CELL PHONE

DATE

Fraternity House Director approval

NAME (print)

SIGNATURE

CELL PHONE

DATE

OSFL USE ONLY

Date received in office ____/____/____ University Signature: _____

Comments: _____