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.

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**A. HOST INFORMATION**

Host Chapter:_______________________________________________________________________________

Host Chapter Primary Contact: ___________________________________________ __________________

Co-Sponsoring Chapter(s):___________________________________________________________________

Co-Sponsoring Chapter Primary Contact:  ________________________________ __________________

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**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)**

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Office of Sorority & Fraternity Life  
Division of Campus Life  
Event Registration
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

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2. Chapter President

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Fraternity House Director approval

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OSFL USE ONLY

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

Comments: __________________________