

Fraternity Philanthropy Event Registration Form

Office of Greek Life | University of Arkansas

Submit at least **14 days** prior to your event date.

IFC Advisor must review before you present to Panhellenic

Chapter Information

- **Fraternity Name:** _____
 - **Primary Contact Name:** _____
 - **Phone Number:** _____
 - **Email Address:** _____
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Event Details

- **Event Title:** _____
 - **Event Date(s):** _____
 - **Event Start & End Time:** _____
 - **Event Location:**
 - On-Campus Off-Campus
 - If off-campus, provide venue name & address:

 - **Is this a co-hosted event?**
 - Yes No
 - If yes, list co-hosting organizations:

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Event Purpose & Description

- **Benefiting Charity/Organization:** _____
- **Brief Description of the Event (what will happen, goals, etc.):**

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- **Estimated Attendance:** _____
 - **Fundraising Goal (\$):** _____
 - **Admission Fee (if applicable):** _____

Risk Management & Safety

- **Will food be served?**
 - Yes No
 - If yes, who is the provider? _____
- **Will third-party vendors be present?**
 - Yes No
 - If yes, list vendors and attach insurance if required:

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- **Emergency/Safety Plan Summary: (attach pages if necessary)**

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- **Chapter Member(s) Responsible for On-Site Supervision:**
Name(s) & Role(s): _____
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By submitting this form, I confirm that:

- All information provided is accurate to the best of my knowledge.
- The chapter will follow university and national fraternity policies.
- A post-event report will be submitted within 10 business days of the event.

Signature: _____

Date: _____