FRATERNITY & SORORITY ON CAMPUS SOCIAL FUNCTION REGISTRATION FORM

All social events that are to be held on University property or in organized student housing must be registered at least 10 full business days prior to the event.

Name of Sponsoring Organization ____________________________

Today's Date/Day & Date of Event ____________________________

Theme of Event ____________________________

Time (Beginning and Ending) ____________________________

Name of Advisor to be present ____________________________

Phone # of Advisor to be present ____________________________

Signature of Advisor to be present ____________________________

# of Members ____________________________

# of Guests ____________________________

Capacity as determined by Fire Warden ____________________________

# of Party Marshals (Minimum of 8) ____________________________

Type of Event:  

_________ Date Party  

_________ Sorority Night  

_________ Invitational  

Name and position of officers to be responsible for Risk Management:

1. ____________________________  

5. ____________________________

2. ____________________________  

6. ____________________________

3. ____________________________  

7. ____________________________

4. ____________________________  

8. ____________________________

Indicate person who will be in charge of the event: ____________________________

Marshals will be identified by wearing: ____________________________

Has an Additional Security firm/company been hired for the event?  

_________ Yes  

_________ No  

If so, what is the name of the Additional Security firm/company hired for event: ____________________________

Do you plan to provide wrist bands for this event?  

_________ Yes  

_________ No  

If so, describe how the wrist bands will be used: ____________________________

Will you employ a band?  

_________ Indoor  

_________ Outdoor  

**OUTDOOR BANDS MUST BE APPROVED BY THE OFFICE OF STUDENT INVOLVEMENT AND LEADERSHIP**

If so, have you completed a sound ordinance variance request?  

_________ Yes  

_________ No  

Is this event being held in a University Housing managed Property?  

_________ Yes  

_________ No  

If so, have you met or scheduled a meeting with University Housing regarding this event?  

_________ Yes  

_________ No  

If yes, what is the meeting Date and Time: ____________________________

List the number and location of entrances and exits: ____________________________

Briefly describe the activities planned for the proposed function: A sketch of ALL CONSTRUCTION PLANS including fences, stages, and built decorations MUST BE INCLUDED WITH THIS FORM UPON SUBMISSION.

Social Chair Name, Email and Phone Number ____________________________

President Name, Email and Phone Number ____________________________

Revised 1/12/2015