

**THE UNIVERSITY OF ARKANSAS
OFFICE OF GREEK LIFE
EVENT REGISTRATION FORM**

This form must be completed and returned to the Charles & Cappy Whiteside Greek Life Leadership Center, Walton Hall 101 a full fourteen (14) business days prior to the event excluding Saturday and Sunday. If this form is not returned with appropriate signatures by the deadline given, your event registration will not be accepted.

We recommend that the following information be considered when planning a Greek event, whether on or off campus.

1. The Office of Greek Life requires a form for all events which have invitations, may use any form of advertisement (including word of mouth, radio, etc.), DJ/Band, cover charge at the door, and/or may be attended by at least 50% plus one of the total membership.
2. At least two (2) individuals must be deemed responsible for the event and in attendance for the duration of the event. It is highly recommended that an advisor be present for the event.
3. During on-campus events, adequate precautions must be taken to prevent alcohol from being consumed by minors. No alcohol may be brought to any event on campus or in organized student housing. Any registered student organization that sponsors a social event away from campus is obligated to adhere to all local and state laws. It is the responsibility of the sponsoring group(s) to institute measures to assure that minors do not consume alcoholic beverages at off-campus social events.
4. Prompt clean-up of the event area (including outside place of event, nearby homes or buildings, bordering streets and parking lots) is a top priority and must be completed immediately following the event.
5. The University of Arkansas, as well as other local and state laws including city ordinances must be followed.
6. The Office of Greek Life will determine whether your organization will need a University of Arkansas Police Department (UAPD) designated officer(s) present during/throughout your event. The Office of Greek Life will make the request for a UAPD officer(s). The sponsoring organization will be responsible for employing the officers at a time and one-half rate. The number of officers employed will be determined by the Office of Greek Life and the Director of the UAPD. Your chapter **MUST** contact UAPD two days prior to the event to make sure that an officer will be present.
7. If you are completing this form to reserve an interest week/weekend, please complete the NPHC Interest Week Itinerary Form in addition to this form.
8. Any Greek chapter that sponsors a social event away from campus is obligated to adhere to all local and state laws. It is the responsibility of the sponsoring group(s) to institute measures to assure that minors do not consume alcohol beverages at off-campus social events as well as insure the safety of all guest and members. Documentation should be submitted regarding safety measures for your event (i.e. hired security, etc.).
9. Please review the Office of Greek Life Social Guide in regards to disciplinary action may taken if this if any university, state and/or local and state laws policies are violated during or as a result of this social event.

I have read the following recommendations and agree to consider them when planning my event.

Signature of person submitting this form

Date

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OFFICE OF GREEK LIFE
NPHC EVENT REGISTRATION FORM**

Sponsoring Group(s) _____

Day(s) and Date(s) of Event(s) _____

Time _____ **AM/PM** _____ **AM/PM**
Beginning Ending

Theme/Purpose of Event _____

Location (give complete address) _____

	Street	Apt. No.
City	State	Zip Code

Responsible Persons (at least 2 people):

Name	Position	Phone # <u>during</u> event/Cellular #
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Name	Position	Phone # <u>during</u> event/Cellular #
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Person submitting this form _____ **Email** _____

Office Held _____ **Daytime Phone #** _____

Expected # of Guests _____ **Security Hired?** _____ **If so, how many?** _____

Name & Phone # of the company? _____
Name Phone #

Check all that apply pertaining to this event:

Indoors **Recorded Music** **Alumni Present** **Recruitment Event**
 Outdoors **DJ** **Food**

Name of Chapter Advisor to be present	Phone Number
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Signature of Chapter Advisor to be present	Date
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FOR OFFICE USE ONLY:
Date Received _____ Time _____ Recipient _____
Approved _____ Denied _____

Signature of Greek Life Staff	Date
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***This form will be valid when it is completed and signed by a member of the Greek Life Staff.**