## 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 14 full business days prior to the event.

Name of Sponsoring Organization	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 NightInvitational
Name and position of officers to be responsible for  1	5. 6.
Marshals will be identified by wearing:	
Has an Additional Security firm/company been hi If so, what is the name of the Additional S	ired for the event?YesNo Security firm/company hired for event:
Do you plan to provide wrist bands for this event? If so, describe how the wrist bands will be	?
Will you employ a band/DJ?In If so, have you completed a sound ordinar	ndoorOutdoor nce variance request?YesNo
If so, have you met or scheduled a meeting	nanaged Property?YesNo g with University Housing regarding this event?YesNo
List the <i>number and location</i> of entrances and exit	ts
stages, and built decorations MUST BE INCLUI	posed function. A sketch of ALL CONSTRUCTION PLANS including fences DED WITH THIS FORM UPON SUBMISSION. Jeff Vinger must approve corations/structures prior to this forms submission. Wayne Breshears, Fire prior to turning in this form.
Social Chair Name, Email and Phone Number	President Name, Email and Phone Number