Date of Application _____
(must be submitted at least seven days prior to event)

University of North Texas
Greek Social Activity Registration Form

EVENT INFORMATION

1. Sponsoring Organization(s):_____

2. Name of Event:_____ 3. Date & Time of Event:_____ (event must end by 2:00am)

3. Location of Event:_____

4. Mode of Transportation for Off-Campus Events:_____

5. Chapter Officer Responsible for Event (name and cell number):_____

_____

EVENT MANAGEMENT

6. Will alcohol be present? ☐ Yes or ☐ No (If no, skip to #10)

7. What food & non-alcoholic beverages will be provided?_____

8. How will alcohol be distributed? BYOB ☐ or Third Party Vendor ☐

9. Four non-drinking members who will monitor the event:

   Name_____ Name_____

   Name_____ Name_____

These members have the responsibility to contact appropriate authorities in the event of an emergency or unforeseeable incident.

10. Anticipated attendance:_____

11. IFC/Panhellenic groups: **Guest list must be attached.** (Maximum attendance allowed is 3(X) your membership)

12. LGC/NPHC groups: National headquarters has approved event? ☐ Yes or ☐ No Target audience:_____

_____

ACKNOWLEDGEMENT OF POLICIES AND PROCEDCURES

I am fully aware of, and understand that is my organization's responsibility to be in compliance with the following Policies & Procedures pertaining to social events:

☐ Greek Social Event Guidelines

☐ National Fraternity/Sorority Risk Management Policies

☐ University Student Code of Conduct and university policies

_____

CHAPTER CERTIFICATION

By signing below, I certify that the above information is accurate. I, along with my organization, agree to abide by the guidelines established for this event, and that policies and procedures will be followed. My fraternity/sorority is responsible for ensuring a safe event for members and guests.

_____ Date_____ Cell Phone_____
Person Responsible for Event

_____ Date_____ Cell Phone_____
Chapter President

_____ Date_____ Phone_____
Chapter Advisor