

**Florida Atlantic University
Office of Greek Life
Social Event Registration Form**

Forms are due by 5:00pm 7 business days before your event

Today's Date	
Sponsoring Organization	
Co-Sponsoring Organization (if applicable)	
Co-Sponsoring Organization (if applicable)	

Officer	Name	Phone	Email
President			
Risk Manager			
Social Chair			
Chapter Advisor			

Event Information

Title/Theme of the Event	
Day/Date of Event	
Start Time	
End Time	
Location of Event (list address & phone)	

Third Party Vendor Information (Complete if event is to be held in conjunction with a Third Party Vendor)

Contact Name/Title	
Contact Phone Number	

As the Third Party Vendor, I understand that the following policies are in place for the sponsoring chapter and guests:

	Initials
The chapter may hire/pay the vendor for the following: rental of the facility, labor for bartenders or security, music/entertainment.	
The chapter/individuals is not permitted to purchase alcohol to be given away. (e.g. chapter pays \$1000 and everyone drinks free during the event)	
The chapter/vendor is not allowed to collect a cover charge and then provide free drinks during the event.	
Alcohol is purchased with cash by members/guests directly from the vendor.	

As the Third Party Vendor, my initials below attest that the following is true:

Initials

The establishment is properly licensed to sell/serve alcohol by both local and state authorities.	
The establishment is insured with a minimum of \$1,000,000 of general liability insurance.	
The establishment has as part of the general liability coverage “off premise liquor liability and non-owned and hired” and has listed the sponsoring chapter as additional insured.	

As the Third Party Vendor, my initials indicate agreement and assumption of the following responsibilities:

Initials

Checking identification and the guest list.	
Visibly identifying those that are 21 or older and those under the age of 21.	
Not serving anyone under the age of 21 years.	
Not serving individuals who appear to be intoxicated.	
Maintaining control of all alcohol containers.	
Collecting all remaining alcohol at the end of the function (no excess alcohol is to be given, sold or furnished to the chapter.	
Providing at least 3 security guards and/or bouncers.	
Provide to the sponsoring chapter a Certificate of Insurance naming such as the certificate holder and as an additional insured. Such certificate shall evidence off premises liquor liability and hired and non owned auto coverage in an amount not less than \$1,000,000 per claim. (Attach to this form)	

Section 4: Signatures (may not be typed)

By signing this form, I attest that I understand the Office of Greek Life Social Policy and my own Inter/national Risk Management policy and agree to uphold these policies & expectations. I understand that in the event of a violation of these policies, the chapter(s) involved may be subject to sanctions imposed by the respective Council’s Judicial Board, the Office Greek Life, Florida Atlantic University, and my Inter/national organization.

President	
Social Chair	
Risk Manager	
Third Party Vendor	
Co-Sponsoring Chapter President	
Co-Sponsoring Chapter President	

Rec’d: _____

By: _____

Status: _____