



ATTN: Fraternity & Sorority Programs | 1303 E University Blvd. | Room 411 | Tucson, AZ 85721

ArizonaEWA@gmail.com

3rd PARTY EVENT WITH(OUT) ALCOHOL REGISTRATION

Host Organization: _____

Person Completing Form

Full Name:

Email:

Phone:

Social Chair

Full Name:

Email:

Phone:

President

Full Name:

Email:

Phone:

Advisor

Full Name:

Email:

Phone:

Does this event have a co-sponsoring chapter? Yes No

If yes, please complete the final page of this packet

Event Information

Event Name:

*Start Date:

*End Date:

Event Description:

Event Address:

Start Time:

End Time:

(*If the event includes an overnight stay/is a weekender you must provide proof that this in alliance with inter/national policies and insurance requirements when registering the event.)

By signing below, I certify all information is true and correct.

Host Organization Social Chair Signature: _____ Date: _____

Host Organization President Signature: _____ Date: _____

Host Organization Advisor Signature: _____ Date: _____

All off-campus events must be registered at 12:00 p.m. (noon) at minimum 5 business days in advance of your event. The COMPLETED registration for is due to the Event with Alcohol mailbox in the Fraternity Sorority Programs office, Room 411 of the Student Union.



3rd PARTY EVENT WITH(OUT) ALCOHOL CONT.

Number of Members Attending:

Number of Guests Attending:

Total Attending:

Facility Capacity:

Transportation Company:

Type of Transportation:

Pick-Up/Drop-Off Location:

Pick-Up/Drop-Off Schedule Description:

Will you have paid music entertainment? Yes No

Name of Performer (if having one):

Will alcohol be served? Yes No

If alcohol is being served, all members and guests should have their IDs verified at both the time of entry and purchase of alcohol to verify their age. Who will be in charge of this?

The Venue (recommended)

Hired Security

Designated chapter members

Other: _____

No alcohol will be served

By initialing below, I certify all information is true and correct.

Host Organization Social Chair Initials: _____ Date: _____

Host Organization President Initials: _____ Date: _____

Host Organization Advisor Initials: _____ Date: _____



3rd PARTY EVENT WITH(OUT) ALCOHOL CONT.

How are you marking the attendees who are of legal drinking age?

Wristbands designed specifically for that event

Specific hand stamp for that event

Other: _____

Describe boundaries, fencing, barriers, and/or security present to provide crowd control/control alcohol consumption:

Describe the food and beverage provided:

List the full names for the assigned [non-drinking] event monitors:

By initialing below, I certify all information is true and correct.

Host Organization Social Chair Initials: _____ Date: _____

Host Organization President Initials: _____ Date: _____

Host Organization Advisor Initials: _____ Date: _____



3rd PARTY EVENT WITH(OUT) ALCOHOL CONT.

Co-Sponsoring Chapter Information

Co-Sponsoring Organization: _____

Social Chair

Full Name:

Email:

Phone:

President

Full Name:

Email:

Phone:

Advisor

Full Name:

Email:

Phone:

By signing below, I certify all information is true and correct.

Co-Sponsoring Social Chair Signature: _____ Date: _____

Co-Sponsoring President Signature: _____ Date: _____

Co-Sponsoring Advisor Signature: _____ Date: _____

