



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

ArizonaEWA@gmail.com

ON-CAMPUS BYOB EVENT 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:

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 social events on-campus with alcohol must be registered at 12:00 p.m. (noon) at minimum 10 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.



ON-CAMPUS BYOB EVENT CONT.

Number of Members Attending:

Number of Guests Attending:

Total Attending:

Facility Capacity:

All members and guests should be “carded” at the door to verify their age. Who is checking members’ and guests’ IDs at the door?

Hired Security (recommended)

Designated chapter members

Other: _____

How are you marking guests, members, and new members who are of the legal drinking age [i.e. 21 and over]?

Wristbands that have been dated and marked for that event

Specific hand stamp that is unique to the event

Other: _____

How will you ensure no alcohol above 15% ABV will be brought into the event?

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: _____



ON-CAMPUS BYOB EVENT CONT.

How will you monitor that all attendees are only drinking the alcohol they brought in at the event?

Describe the food and non-alcoholic beverages provided:

Describe how restrooms will be accessed without allowing guests into private bedrooms:

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

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: _____



ON-CAMPUS BYOB EVENT CONT.

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: _____



ON-CAMPUS BYOB EVENT 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: _____

