



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

[ArizonaEWA@gmail.com](mailto: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 Address:

Start Time:

End Time:

If your event is on a Saturday and UAPD is being requested for the other time, you will:

We will move our event to the other time.

We will cancel our 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 social events must be registered at 12:00 p.m. (noon) at minimum 10 business days in advance of your event.  
Completed paperwork is due to the Social Events mailbox in the Fraternity & Sorority Programs office, Room 411 of the Student Union.  
Event guest list is due to the same place within 3 business days of the event.*

## **ON-CAMPUS BYOB EVENT CONT.**

Est. Number of Members Attending:

Est. Number of Guests Attending:

Est. 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: \_\_\_\_\_

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## **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: \_\_\_\_\_

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## **ON-CAMPUS BYOB EVENT CONT.**

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

- |     |     |     |
|-----|-----|-----|
| 1.  | 11. | 21. |
| 2.  | 12. | 22. |
| 3.  | 13. | 23. |
| 4.  | 14. | 24. |
| 5.  | 15. | 25. |
| 6.  | 16. | 26. |
| 7.  | 17. | 27. |
| 8.  | 18. | 28. |
| 9.  | 19. | 29. |
| 10. | 20. | 30. |

Describe how non-drinking event monitors are trained on their responsibilities at the event and the signs of over consumption/misuse of drugs or alcohol and the resources available to assist any event attendees who may need care.

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: \_\_\_\_\_

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**Event guest list is due to the same place within 3 business days of the event.**

# 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: \_\_\_\_\_

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