



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

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

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

Est. Number of Members Attending:

Est. Number of Guests Attending:

Est. Total Attending:

Facility Capacity:

Will you have paid music entertainment?    \_\_\_ Yes            \_\_\_ No

**Name of Performer (if having one):**

\*Reminder: Social event paperwork for events with a performer must include proof that the event is in compliance with their inter/national policies and insurance requirements. This can be done by including a copy of an email with an HQ staff member.

**Who will your officers in charge be for the event?** Please include a phone number if it is not the President or Social Chair.

**Describe how you will ensure no alcohol will be present at the event:**

**Describe the food and beverage provided:**

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

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

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 DRY EVENT CONT.**

Describe how 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.

How many event monitors will you have at the event?

List the full names for the assigned 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. |

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 DRY 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: \_\_\_\_\_