



Fraternity & Sorority Programs

Time Stamp: _____

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:

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 event paperwork must be turned in by 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.

3rd PARTY EVENT WITH(OUT) ALCOHOL CONT.

Est. Number of Members Attending:

Est. Number of Guests Attending:

Est. 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 No alcohol will be served
 Designated chapter members Other: _____

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: _____

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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3rd PARTY EVENT WITH(OUT) ALCOHOL CONT.

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

Describe the food and beverage provided:

If the event has alcohol, please 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.

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Host Organization Social Chair Initials: _____ Date: _____

Host Organization President Initials: _____ Date: _____

Host Organization Advisor Initials: _____ Date: _____

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3rd PARTY EVENT WITH(OUT) ALCOHOL CONT.

List the full names for the assigned event monitors:

**Requirement: One NDEM for every 25 attendees.*

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

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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: _____

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