



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

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:

Event Address:

Start Date:

Start Time:

End Date:

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 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.

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 name/position and 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.

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

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

- | | | |
|-----|-----|-----|
| 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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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: _____

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