



### 3<sup>rd</sup> 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. I also understand that registering events does not preclude the chapter from following all chapter, council, university policies, and all local and federal laws, including Tucson City Code Ordinance for Excessive Noise and Unruly Gatherings (Tucson City Code Chapter 16, Article IV, Sections 16-30 through 16-34).

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.*

# 3<sup>rd</sup> 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: \_\_\_\_\_

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Host Organization Social Chair Initials: \_\_\_\_\_ Date: \_\_\_\_\_

Host Organization President Initials: \_\_\_\_\_ Date: \_\_\_\_\_

Host Organization Advisor Initials: \_\_\_\_\_ Date: \_\_\_\_\_

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### **3<sup>rd</sup> 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: \_\_\_\_\_

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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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# 3<sup>rd</sup> 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:

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Co-Sponsoring Social Chair Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Co-Sponsoring President Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Co-Sponsoring Advisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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