

Time Stamp:

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

# **ON-CAMPUS BYOB EVENT REGISTRATION**

Host Organization:	
Person Completing Form	Social Chair
Full Name:	Full Name:
Email:	Email:
Phone:	Phone:
President	Advisor
Full Name:	Full Name:
Email:	Email:
Phone:	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. 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:

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?

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Host Organization Social Chair Initials:	_Date:
Host Organization President Initials:	Date:
Host Organization Advisor Initials:	Date:

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:

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Host Organization Social Chair Initia	als:	_Date:
Host Organization President Initials	:	_Date:
Host Organization Advisor Initials:		Date:

#### 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.

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Host Organization Social Chair Initials:	_Date:
Host Organization President Initials:	Date:
Host Organization Advisor Initials:	_Date:

Co-Sponsoring Chapter Information

Co-Sponsoring Organization:

Social Chair	President
Full Name:	Full Name:
Email:	Email:
Phone:	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: