

Greek Social Event Registration Form

You must print this form and submit it the Office of Greek Life, 2nd floor, University Union.

This Social Event Registration Form **MUST** submitted the Office of Greek Life at least **three (3)** days prior to the scheduled event. Use this form for **ALL** parties, formals, socials, or any event sponsored by an organization that is preplanned. This includes events, those that involve alcohol and those that do not.

Host Chapter: _____

Other Participating Chapters (Co-Sponsors): _____

Person Filing Request: _____

Telephone: _____ Cell Phone: _____

E-Mail: _____ Campus PO Box: _____

Local Address: _____

EVENT INFORMATION

Type of Event: Band Party Date Party Mixer or Co-Sponsored Party Parent's Weekend
 Alumni Event Other: _____

Date of Event: ____/____/____ Start Time: ____:____ AM/PM End Time: ____:____ AM/PM

Theme of Event: _____

Location of Event: _____

No. Members Attending: _____ No. Guests (Limited to Members x 2): _____ Total (Member + Guests): _____

Will entertainment be provided? Yes No What type and who? _____

EVENTS WITH ALCOHOL PRESENT

Type of Event: BYOB Third Party Vendor If yes, who will be the third party vendor? _____

Agency providing security: Valdosta Police Lowndes County Sheriff Private Security Company
 Other _____

Number and Name of Officers: _____

Who will be responsible for I.D. checks? Hired Security Establishment Personnel

Will designated drivers be provided? Yes No

By Whom? Cab Service Public Transportation Private Company

List **ALL** members who have agreed prior to the submission of this form to remain sober: _____

On a separate sheet of paper, list ALL guests who will be attending from your chapter. I understand that ANY activities prior to the registered event, or after the registered event (i.e. warm-up parties, pre-parties, after parties, etc.) are

