

K-STATE INTERFRATERNITY AND PANHELLENIC COUNCIL EVENT REGISTRATION FORM

This form is due by 5:00 pm in the Greek Affairs office the Tuesday Prior to the event. Sororities must turn in guest lists to Greek Affairs by 5pm the Tuesday prior and fraternities at least 48 HOURS prior to the event.

Date of Event: _____ / _____ / _____ Time: Begin _____ : _____ am/pm End _____ : _____ am/pm

Sponsoring Chapter(s): _____

Type of Event: _____ (Philanthropy, Date party, function, BYOB, sibling/alumni, Homecoming, Recruitment)

Theme: _____

Location of Event: Chapter House € Out-of-House € 3rd Party € Other € _____

Name of location: _____ Phone: _____

Address: _____

Number of attendees: Chapter Members - _____ + Guests - _____ Total = _____

Mode of safe transportation: _____ Are all required to use this? Yes / No

Will alcohol be present at this event? Yes / No

If Yes: Licensed Cash bar € BYOB € Licensed 3rd Party Vendor € Other - _____

What kind of alternative food and beverage? _____

Will you be needing wristbands? Yes/No

The chapter does hereby accept full responsibility for the event stated above. In accepting this responsibility, the chapter will make certain that all Federal, State and City laws, as well as all Interfraternity/Panhellenic Council and Inter/National Fraternity or Sorority Policies are enforced. The chapter understands that the chapter is required to regulate the behavior of all individuals during the event. IFC chapters agree that upon direction of the IFC Director of Risk Management, Social Responsibility Committee or IFC Executive Board Officers the chapter will immediately take appropriate corrective action to ensure the health and safety of members and guests. The chapter understands that failure to abide by all terms of this agreement and all event policies and regulations will result in disciplinary action. The Chapter understands that a chapter cannot host this event without full completion of this registration form and approval by the IFC/PHC Directors of Risk Management.

<p>Social Chair(s) _____ Phone # _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Fraternities Only:</p> <p>Bartenders (Must be Sober & 21) Shift</p> <p>1) _____</p> <p>2) _____</p> <p>3) _____</p> <p>4) _____</p> <p>5) _____</p> <p>6) _____</p> <p>7) _____</p> <p>Fraternities Only:</p> <p>Door/Party Monitors (accountable for Section 6, part A of ERP) Shift</p> <p>1) _____</p> <p>2) _____</p> <p>3) _____</p> <p>4) _____</p> <p>5) _____</p> <p>6) _____</p>	<p>Chapter President(s) _____ Phone # _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Risk Manager(s) _____ Phone # _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Safe transportation:</p> <p>If DD's: (Name & Phone Number)</p> <p>1) _____</p> <p>2) _____</p> <p>3) _____</p> <p>4) _____</p> <p>5) _____</p> <p>• Registration forms for 3rd Party Vendor Events must be accompanied by a 3rd Party Vendor Contract, a valid liquor license, and a minimum \$1,000,000 in general liability coverage.</p>	<p>We certify this information to be accurate: _____ Date _____</p> <p>_____</p> <p>President _____</p> <p>_____</p> <p>Social Chair _____</p> <p>_____</p> <p>Advisor _____</p> <p>_____</p> <p>President _____</p> <p>_____</p> <p>Social Chair _____</p> <p>_____</p> <p>Advisor _____</p> <p>_____</p> <p>President _____</p> <p>_____</p> <p>Social Chair _____</p> <p>_____</p> <p>Advisor _____</p>
--	---	--

OFFICE USE ONLY

Received By: _____ Approved: _____

Wristbands given to: _____ Number: _____ Date: ___/___/___