Social Event Registration Form | Alcohol

This form is to be used to notify College officials of on and off campus social events. Notification of an event does not represent College approval of the event. The purposes of this notification are to ensure that social events are carefully planned, do not conflict with other events and to remind the sponsors and co-sponsors of their responsibilities under state law, college policies, and Inter/national fraternity and sorority policies. Events will NOT be approved less than 10 days in advance.

Fraternity or Sorority Name

Names of all sponsoring/co-sponsoring groups:

<table>
<thead>
<tr>
<th>Description of Event/Activity:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Event Title: ____________________</td>
</tr>
<tr>
<td>2. Date of Function: ________________</td>
</tr>
<tr>
<td>3. Location: ________________________</td>
</tr>
<tr>
<td>4. Type of Event: __________________</td>
</tr>
<tr>
<td>5. Starting Time: _________________</td>
</tr>
<tr>
<td>6. Ending Time: _________________</td>
</tr>
<tr>
<td>7. # of invited guests (Guest List due 8 hours prior to event): ________</td>
</tr>
<tr>
<td>8. # of guests under the age of 21: ________</td>
</tr>
<tr>
<td>9. # of guests age of 21 or older: ________</td>
</tr>
</tbody>
</table>

Alcohol is being supplied via: ___BYOB ___3³rd Party Vendor (please list vendor)

Note: Alcohol may only be distributed in accordance with College policy, Pennsylvania law, Inter/national FS Group Risk Management policy, and FIPG Guidelines

Name of Security Company:

(Note: this company must contact the Director of Fraternity and Sorority Life prior to the event to verify its services for the event.)

Names of Monitors/Event Responsibility/ Emergency Contact

1. __________________________ 3. __________________________
2. __________________________ 4. __________________________

Names of Bartenders/ Servers (TIPS Certified BYOB Format)

1. __________________________ 3. __________________________
2. __________________________ 4. __________________________

Date Submitted: __________________________ Time: __________________________

*Three signatures required for registration

Risk Management Officer (Print) Representing __________________________ Date ____________ Signed __________________________

Phone Number __________________________

Social Event Officer Representing __________________________ Date ____________ Signed __________________________

Phone Number __________________________

President (Print) Representing __________________________ Date ____________ Signed __________________________

Phone Number __________________________

*Non-fraternity/sorority group (co-registration is required)

Co-sponsor (Print) Representing __________________________ Date ____________ Signed __________________________

Phone Number __________________________

*FS exchange/mixer (co-registration is required)

Risk Management Officer (Print) Representing __________________________ Date ____________ Signed __________________________

Phone Number __________________________

Social Event Officer Representing __________________________ Date ____________ Signed __________________________

Phone Number __________________________

President (Print) Representing __________________________ Date ____________ Signed __________________________

Phone Number __________________________

*If non-fraternity/sorority group (co-registration is required)

Co-sponsor (Print) Representing __________________________ Date ____________ Signed __________________________

Phone Number __________________________

A Representative from your Advisory Team/House Corporation MUST contact the Office of FS Life (Director), prior to the event, to certify that they are aware of this event. Verification may take the form of a phone call, or email.

Chapter Adviser and/or House Corporation President has been informed.

___ Yes ___ No

Name of Adviser: __________________________

Emergency Contact Number: __________________________

OFFICE USE ONLY: HC/FS Advisory Team Notified? _____YES _____NO F&M Public Safety Notified? _____YES _____NO

FS Advisor Consultation Completed Date: ________ Initial: ____________ Approval Date: ____________ Initial: ____________

I/We, the undersigned, am/are familiar with Franklin & Marshall College alcohol policies, with the laws of the Commonwealth of Pennsylvania concerning alcohol, and with Pennsylvania State and Local Fire Code regulations. On behalf of the group(s) I/we represent, I/we acknowledge my/our responsibility for the event described on this form. To the best of my/our knowledge, all information provided on this form is accurate and truthful.