Social Event Registration Form | Non-Alcoholic

This form is to be used to notify College officials 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.

Names of all sponsoring/co-sponsoring groups:

Description of Events:

1. Event Title: ________________________________
2. Date of Function: _________________________
3. Type of Function: __________________________
4. Starting Time: _____________________________
5. Ending Time: ______________________________
6. Location: __________________________________
7. Anticipated number in attendance: _________
8. Music: __________ Band __________ DJ (check one)
9. Transportation: _____________________________
10. Outdoor Event (Yes or No) If yes, explain: ________________________________
11. Other ______ explain: _______________________

Names of Monitors/Event Responsibility/Emergency Contact

1. ________________________________ 3. ________________________________
2. ________________________________ 4. ________________________________

THE PRESIDENT and/or RISK MANAGEMENT OFFICER FROM EACH SPONSORING/CO-SPONSORING GROUP WHO HAS BEEN AUTHORIZED TO ACT ON BEHALF OF THE GROUP IN THIS MATTER MUST READ THE FOLLOWING STATEMENT AND SIGN BELOW:

I/We, the undersigned, am/are familiar with F&M College policies and with Pennsylvania State and Local Fire Code regulations. On behalf of the groups(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.

*Three signatures required for registration
Risk Management Officer (Print) ____________________
Representing ____________________ Date __________
Signed ____________________
Phone Number ___________
Event Officer ____________________
Representing ____________________ Date __________
Signed ____________________
Phone Number ___________
*Non-fraternity/sorority group (co-registration is required)
Co-sponsor (Print) ____________________
Representing ____________________ Date __________
Signed ____________________
Phone Number ___________
*FS Co-sponsored Event: (co-registration is required)
Risk Management Officer (Print) ____________________
Representing ____________________ Date __________
Signed ____________________
Phone Number ___________
Event Officer ____________________
Representing ____________________ Date __________
Signed ____________________
Phone Number ___________
*If non-fraternity/sorority group (co-registration is required)
Co-sponsor (Print) ____________________
Representing ____________________ Date __________
Signed ____________________
Phone Number ___________

OFFICE USE ONLY: Public Safety needs notification  ____YES  ____NO  Approval Date: ____________  Initial: ___________________________
FS Advisor Consultation Completed Date: ____________  Initial: ___________________________  Approval Date: ____________  Initial: ___________________________