

**CSU Greek Community Joint Policy on Risk Management**  
**BYOB EVENT REGISTRATION FORM**

(If multiple chapters are cosponsoring/participating, each chapter must complete this form separately)

**This form and required documents below must be submitted in the Greek Life Office  
by the Tuesday prior to the event at 5:00pm.**

Current Guest List

The chapter does hereby accept full responsibility for the event stated below. In accepting this responsibility, the chapter will make certain that all applicable federal, state, province, county, city, and Colorado State University laws and policies, as well as the Greek Community Joint Policy on Risk Management and their Inter/National Organization Risk Management Policies and Procedures are enforced. The chapter understands that the chapter is required to regulate the behavior of all individuals in attendance during the event. The chapter understands that failure to abide by all terms of this agreement and all event policies and regulations may result in disciplinary action. The chapter understands that a chapter cannot host/participate in this event without full completion of this registration form and emailed confirmation by their respective governing council.

**EVENT INFORMATION**

Chapter Name: \_\_\_\_\_

Other Co-Sponsoring/Participating Chapters: \_\_\_\_\_

Date of Event: \_\_\_\_/\_\_\_\_/\_\_\_\_ Start Time: \_\_\_\_:\_\_\_\_ am or pm End Time: \_\_\_\_:\_\_\_\_ am or pm

General Event Description (including theme): \_\_\_\_\_

If the event is hosted by a single chapter, is this event considered a Date Dash? Yes or No

*A Date Dash event allows for the guest list to be submitted within 24 hours from the start of the event; and requires a 1:1 member to guest ratio*

**NUMBER OF ATTENDEES**

Chapter Members Attending - \_\_\_\_\_ +

Guests of Chapter Members Attending - \_\_\_\_\_ =

**Total Number of Chapter Attendees and Guests:**  
\_\_\_\_\_

*(Note: For co-sponsored events, no more than ten (10) non-member guests per chapter may be in attendance; If the event is not a closed event co-sponsored by agreed chapters, function attendance must not exceed a three (3) to one (1) ratio of guests to members of the hosting chapter, if the chapter has more than 15 active members. If the chapter has 15 or fewer active members, function attendance must not exceed a six (6) to one (1) ratio of guests to members of the hosting chapter.)*

**LOCATION**

Residential House OR  Other

Name of Location: \_\_\_\_\_

Address of Location: \_\_\_\_\_

Host Phone Number(s) for Location: \_\_\_\_\_ Location Capacity: \_\_\_\_\_

*(Location Capacity must be equal to or larger than the total number of attendees from all participating chapters)*

**FOOD AND NON-ALCOHOLIC BEVERAGES**

Alternate Beverage Available: \_\_\_\_\_

Chapter will Provide Alternative Beverages and Water Free to Attendees

Food Served: \_\_\_\_\_

Chapter will Provide Food Free to Attendees

**CONTINUED ON SECOND PAGE**

**ENTRANCE**

How will the verification of event attendees being on the guest list be accomplished at the entrance?

- ID Check by Chapter Member at Entrance and Highlighted on Guest List
- Other Similar Method: \_\_\_\_\_

How will the verification of legal drinking age be accomplished at the entrance?

- Check by Chapter Member at Entrance and Given Wristband
- Check by Chapter Member at Entrance and Given Non-Transferable Hand Stamp
- Other Similar Method: \_\_\_\_\_

What ticket will be provided to individuals bringing alcohol to the BYOB Event?

- Ticket Template provided by the Greek Governing Councils
- Other Similar Ticket Method (*attach an example ticket to the BYOB Event Registration Form*)

**SOBER MONITORS (Name and Age)**

*(Only submit the Sober Monitors for your Chapter)*

- |          |   |
|----------|---|
| 1. _____ | <b>Who is responsible for matching IDs to the guest list?</b>       |
| 2. _____ | Name: _____   |
| 3. _____ | <b>Who is responsible for checking IDs for legal drinking age?</b>  |
| 4. _____ | Name: _____   |
| 5. _____ | <b>Who is responsible for monitoring the bar?</b>                   |
| 6. _____ | Name: _____   |
| 7. _____ | <i>All remaining are responsible for monitoring members/guests.</i> |

*(Note: 0-50 Attendees = 2 Sober Monitors (SMs); 51-100 Attendees = 3 SMs; 101-150 Attendees = 4 SMs; and so on)*

**BARTENDERS (Name and Age)**

*(Only submit the Bartenders for your Chapter; Bartenders must be over the legal drinking age)*

- |          |    |       |
|----------|----|-------|
| 1. _____ | 2. | _____ |
|----------|----|-------|

**PARTY REGISTRATION WITH OFF CAMPUS LIFE – Only Required for BYOB Events at Residential Houses**

*By hosting a residential house party, the Greek Governing Councils will be confirming with CSU’s Off-Campus Life that you have registered your BYOB event through the Party Registration program. Off-Campus Life will only confirm whether the residential address has a registered party on a specific date based on the address and date that the Governing Councils have provided. No additional information will be shared.*

Event is Registered through CSU’s Off-Campus Life Party Registration:      Yes      No      N/A

*By signing this form, the Chapter President, Risk Management Officer, and Social Chair vouch that,  
**TO THE BEST OF YOUR KNOWLEDGE, THE ABOVE INFORMATION IS ACCURATE.***

Chapter President: \_\_\_\_\_  
*(Print Name)*      *(Signature)*      *(Phone Number)*      *(Email Address)*

Risk Management: \_\_\_\_\_  
*(Print Name)*      *(Signature)*      *(Phone Number)*      *(Email Address)*

Event Planner/Social: \_\_\_\_\_  
*(Print Name)*      *(Signature)*      *(Phone Number)*      *(Email Address)*

**FOR GREEK LIFE OFFICE USE ONLY:**

Date and Time Received: \_\_\_\_\_

Staff Member: \_\_\_\_\_

**FOR GOVERNING COUNCIL USE ONLY:**

Date and Time Reviewed: \_\_\_\_\_

Reviewer: \_\_\_\_\_

Date and Time Approval Email Sent: \_\_\_\_\_