

Event Guest List Registration

To be used for **BYOB** and **Third-Party Vendor Functions with Alcohol**

Sponsoring Organization: _____

Event Date: _____

Contact Person for the event: _____

Phone: _____

APSU on-campus adviser: _____

Phone: _____

As per FIPG guidelines, adopted by APSU, events sponsored by an organization must be closed to organization members and their guests **ONLY**. Fill out information below. Please print legibly.

Guest Name	Registered To (org. members take full responsibility for all registered guests)	Birthdate of Guest (can be filled out at the door)	Guest was in attendance: (ID checked at the door)

Attach additional sheets if necessary. Please keep in mind any limitations in the number of guests allowed per your national organization regulations and / or fire code regulations.