FRATERNITY AND SORORITY SOCIAL EVENT REGISTRATION FORM

Fraternities and Sororities must abide by all Villanova University policies, Inter-Fraternity and Panhellenic policies, as well as their individual (inter)National risk management policies. Before signing this form all chapter presidents, social chairs, and risk managers should familiarize themselves with these respective policies.

Please complete <u>all sections</u> and return this form to The Office of Fraternity and Sorority Life *at least* <u>fourteen days prior to the event</u>. All event forms must be submitted with the completed "Event Information" section for all semester events before <u>October 4, 2013</u>. Failure on your part to complete forms by deadlines will result in cancellation of the event. Your chapter will be responsible for any costs related to event cancellation.

EVENT INFORMATION: Name of sponsoring organization: Type of event: Mixer Date Party Formal List Event Date of Event: Name of Venue: Address of Venue: Venue Contact Name & Phone #:_____ **BUS INFORMATION:** (Buses are permitted to pick-up and drop-off in Pike Lot only) Bus Company: _____ Bus Company Contact Name: Bus Company Phone Number: _____ Number of Buses: _____ Time of Pick-Up: _____ Location of Pick-Up: ____ Pike Lot Time of Drop-Off: _____ Location of Drop Off: ____ Pike Lot **REQUIRED DOCUMENTS:** (Office use only) ☐ Party Monitor Training Certification ☐ Social Registration Form ☐ FIPG Third Party Vendor Agreement Liquor License ☐ Signed Party Monitor Agreement ☐ Contract List of Attendees

☐ Insurance Policy

CHAPTER INFORMATION:
Number of chapter members attending: Number of total attendees:
Chapter President:
Chapter President Contact Phone Number:
Social Chair Contact Person(s):
Social Chair Contact Phone Number:
Risk Management Chair:
Risk Management Contact Phone Number:
SIGNATURES:
I certify that I have read and will adhere to the applicable policies noted at the top of this form. I further understand that The Office of Fraternity and Sorority Life and Villanova University uses this form for informational purposes rather than approval purposes.
Signature of first organization social chair:
Signature of first organization risk management chair:
Signature of first organization president:
If applicable:
Signature of second organization social chair:
Signature of second organization risk management chair:
Signature of second organization president:

PARTY MONITORS:

Party monitors are members of the sponsoring chapter(s) who are 100% alcohol and substance free during the social event and hours leading up to the social event. Party monitors help organize the logistics of the social event: loading and unloading of buses, monitoring chapter members and guests at the third party venue, arranging rides for those who need to leave the venue. The number of party monitors will be determined by the number of attendees on the guest list (minimum of 10% of total event attendees) and at the discretion of The Office of Fraternity and Sorority Life staff.

I have read the above party monitor job description and will be responsible for the duties listed above for this planned social event.

Chapter:	Date of Event:
Party Monitor Printed Name	Party Monitor Signature

