

FRATERNITY AND SORORITY SOCIAL EVENT REGISTRATION FORM

Fraternalities 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 **all sections** and return this form to The Office of Fraternity and Sorority Life *at least **fourteen days prior to the event***. All event forms must be submitted with the completed "Event Information" section for all semester events before **October 4, 2013**. 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)

Social Registration Form

FIGP Third Party Vendor Agreement

Party Monitor Training Certification

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: _____

