UNIVERSITY OF
NORTHERN COLORADO

Fraternity & Sorority Life
Event Registration Form

This form is to be filled out completely and _submitted three days prior to the event_ for approval. **Please submit these articles to the Office of Student Life Main Office,** located on the 2nd Floor of the University Center. The event must adhere to your National/International or FIPG Inc. Risk Management Policy. In addition, all Fraternity & Sorority Life, IFC, NPC,MGC, NPHC, Local, State, and Federal laws and policies must be observed accordingly. Any deviations from the information recorded and submitted on this copy are the responsibility of the submitting chapters. Non-compliance to any of the laws/policies of the organizations listed above will result in action taken by the Dean of Students, Fraternity & Sorority Life Staff or the respective judicial boards. _A guest list MUST accompany this document if alcohol is available_. **Note: If event being hosted by two or more Greek affiliated organizations, forms must be filled out by both parties.**

Sponsoring Chapter(s):_____

Submitting Member Name:_____Bear ID Number:_____

Chapter Position:_____ Phone:_____ Email:_____

Nature of Event (check one): ☐ Philanthropy ☐ Brotherhood/Sisterhood ☐ Social ☐ Other: _____

Name of the Event: _____

Theme:_____Location: _____

Date of Event: _____ Time of Event (Beginning to end): _____

Alcohol Available: ☐ No ☐ Yes   If yes, how is it provided? (circle one): 3rd Party Vendor   BYOB

Alternative Food and Beverage Served (Required): _____

Mode of Transportation (ex: Bus, Designative Driver's, etc.): _____

Member Signature:_____ Date: _____

President Signature: _____Date:_____

Chapter Advisor Signature:_____Date:_____

Event Contacts (Names and numbers of chapter officers to contact appropriate authorities in the event of an emergency or unforeseen incident):

1. _____

2. _____

3. _____

Fraternity & Sorority Life Approval:

Council Director of Risk Management:_____Date:_____

Fraternity & Sorority Life Advisor: _____ Date:_____