

Alcohol-Free Event Registration Form

(Please <u>print</u> all information except signatures) Fraternity and Sorority Life • LBJ Student Center 4-14.1 • 512-245-5646

FORM MUST BE SUBMITTED AT LEAST ONE WEEK PRIOR TO THE EVENT. MUST BE DATE STAMPED

Fraternity/Sorority Name(s)	#1 Org		#2 Org	
	#1 Org		#2 Ofg	
Date of the Event				
Start Time & End Time of the Event	Start:	End:		
Expected number of people in attendance				
Location of the Event: <u>Name</u>				
Location of the Event: <u>Address</u>				
Primary Contact Person's Name				
Primary Contact Email & Phone Number				
Secondary Contact Person's Name				
Secondary Contact Email & Phone Number				
Who will be checking the guest list?				
Type of Event (Check all that apply)	Brother/Sisterhood Community Service Date Party			
	🗆 Educational Programs 🗆 Formal 🗌 Mixer 💭 Parent/Alumni			
	Philanthropy Recruitment/Intake Other			
Will Security be used?			st Number of Officers:	
What type of food & beverages will be				
available?				
Is Transportation provided?	Cars Bus Other			
If Bus fill in the areas below.				
Pick UpLocation(s):		Date:	Time(s):	
Drop Off Location(s):		Date:	Time(s):	

By signing below, we understand that the organization(s) listed above as sponsors are responsible for following all applicable University, National Organization, county, state and federal laws.

We understand that it is the responsibility of ALL organization members, especially the officers, to ensure the safety of our members and guests at our event.

We understand that this is an alcohol-free event.

We also understand that if it is discovered that any of the sponsoring organizations are not following the appropriate policies, all sponsoring organizations may face university sanctions, including but not limited to organization suspension.

#1 Org Print Name of President / Email / Phone Number	Signature of President	Date
#1 Org Print Name of Advisor / Email / Phone Number	Signature of Advisor	Date
#2 Org Print Name of President / Email / Phone Number	Signature of President	Date
#2 Org Print Name of Advisor / Email / Phone Number	Signature of Advisor	Date