

Social Event Registration

The University of Georgia

Host Organization(s): 1. _____ 2. _____

Date of event: _____ Day of event: (circle one): S - M- T - W - TH - F- SA Location: _____

Time of event: Beginning: _____ am / pm Ending: _____ am / pm
 (Social events must end as follows: Sunday through Thursday - 1:30am, Friday and Saturday - 2:00am)

Type of event: (Circle all that apply)	Band Party	Date Night	Late Night	Formal	Rush Party	Beach Trip
	Ski Trip	Braves Game	Parents Day	Alumnae Day	Pre-Social	Social
	Philanthropy	Crush Party	Other: _____			

Theme of event: _____ Entertainment: _____

Is this an outdoor event? _____ Yes _____ No (Any type of outdoor event must be registered two weeks prior to the event.)

Attendance expected: _____ Maximum attendance allowed (to be filled in by Greek Life Office): _____

Will alcohol be present at this function? _____ Yes _____ No If Yes: _____

*How will You monitor underage drinking? _____

*How will persons of legal drinking age be identified? Wristbands _____ Other _____

*What type of food will be provided? _____

Name of security hired: _____ How many hired: _____

Transportation provided by: _____

Note any applicable National Fraternity/Sorority policies related to this event: _____

Name of other officer(s) responsible for event: 1. _____ 2. _____

I have read and understand the Social Events Policy and will adhere to the provisions contained therein. I also certify the information provided on this form is accurate and as host(s) accept responsibility for this social event. I understand there will be consequences for providing false and/or misleading information on this form. I understand the host organization is responsible for ensuring the safety of its members and guests. I understand that I must be in attendance at the event. If I am unable to attend, I will appoint another member as the official representative. I will notify the Greek Life Office of any changes in the plans for the event including cancellation.

Signature of President of host organization

Signature of President of host organization

Phone number

Phone number

Received by: _____
(Greek Life Office Advisor)

Date: _____