Student Life and Leadership Programs
Fraternity/Sorority Off-Campus Event Registration Form

Basic Information

Chapter(s): ___________________________________ Event Name: ________________________________
Event Date(s): ____________________________ Event Time(s): ________________________________
Event Location(s):
Street Address ____________________________ City ____________________________________________
State ____________ Zip Code ________________
Venue Name, Contact and Phone

Attendance: Est. chapter members: ________ Est. guests: ________ Venue Capacity: ________
Describe the event. How does this event/activity promote the mission of your organization(s)?:
__________________________________________________________________________________
__________________________________________________________________________________

Is this event a retreat? YES NO

If YES: You must submit a comprehensive retreat agenda (outlines times and activities) with this form (or no
later than 3 business days prior to the event)

Event Management

Advertising method(s): Circle all that apply
Flyers, online networking sites, chapter website, postcards, word of mouth, invitations
Other: ____________________________________________

Using contract(s) with a non-University business? YES NO

If YES:
Type of Service(s) (eg: DJ, rental site) ______________________________________________________
Vendor Name(s) ____________________________________________
Contact Name & Phone(s) ______________________________________

Admission Charge? YES NO

If YES:
Amount__________________ Cash handling process (who/how) ______________________________

Transportation provided? YES NO

If YES:
Transportation company ____________________________________________
Contact Name & Phone(s) ______________________________
Pick-up and Drop-off location(s) _______________________________________

Security provided? YES NO

If YES:
Security company ____________________________________________
Contact Name & Phone(s) ______________________________________
Number of security guards hired? ___________________________________

Number of chapter members designated to monitor the event: ______________________________
Who/How: ___________________________________________________________________________

SLL Notes:
Alcohol Management

Is alcohol provided?  YES  NO

If YES:
• NO OPEN PARTIES ARE ALLOWED. An “open party” is an event with unrestricted access where alcohol is served.
• Events may not be advertised as a place where alcoholic beverages are available. (See CSUEB Policy)
• You are required to use a Third Party Vendor. It is recommended to stop alcohol service one hour before event ends.
• ID Check: Who is responsible for identifying guests over/under 21 years of age?
  □ Security guard at entrance of event
  □ Chapter members at the entrance of event
  □ Professional bartender for each purchase
  □ Other _____________________________
• Wristbands: You must use high-quality, plastic wristbands that cannot be transferred.
• Food & Beverage Alternatives: Which non-alcoholic beverages and non-salty food will be provided free of charge?
• Minors: What procedures will be taken if minors are observed drinking?
• Crowd Control: What procedures will be taken to manage rowdy or intoxicated attendees?

Guest List

Is the event a large scale social and/or will alcohol be available for purchase?  YES  NO

If YES:
• You must attach a guest list (first and last names) to this Event Registration Form or email the list directly to the Greek Life Advisor at least 3 business days prior to the event.
• Guest list should reflect a member to guest ratio of 2:1 for events with alcohol and 3:1 for events without alcohol. The total of attendees cannot ever exceed the capacity of the location.
• A maximum of 2 large events per each quarter, per chapter
• Individuals must be on the final guest list to gain entrance to the event. Who will be enforcing the guest list at the entrance to the event?
  □ Security guard at entrance of event
  □ Chapter members at the entrance of event
  □ Other ______________________________

Signature of Review

Event Coordinator Name__________________________________________ Will you be present at event?  YES  NO
Signature:________________________________________________________ Date: _______________
Phone __________________________________ Email ____________________________

Risk Manager Name______________________________________________ Will you be present at event?  YES  NO
Signature:________________________________________________________ Date: _______________

Chapter President Name__________________________________________ Will you be present at event?  YES  NO
Signature:________________________________________________________ Date: _______________

Chapter Advisor Name____________________________________________ Will you be present at event?  YES  NO
Signature:________________________________________________________ Date: _______________

For Co-Sponsored Events

Chapter President Name__________________________________________ Will you be present at event?  YES  NO
Signature:________________________________________________________ Date: _______________

Chapter Advisor Name____________________________________________ Will you be present at event?  YES  NO
Signature:________________________________________________________ Date: _______________