

Social Event Registration Form | Alcohol

LAFAYETTE

This form is to be used to notify College officials of on and off campus social events. Notification of an event does not represent College approval of the event. The purposes of this notification are to ensure that social events are carefully planned, do not conflict with other events and

to remind the sponsors and co-sponsors of their responsibilities under state law, college policies, and Inter/national fraternity and sorority policies. Event's will NOT be approved less than 10 days in advance. _____ requests permission to hold a social event. _____ Fraternity or Sorority Name

Names of all sponsoring/co-sponsoring groups:

Description of Event/Activity:

- | | |
|----------------------------|---|
| 1. Event Title: _____ | 5. Starting Time: _____ |
| 2. Date of Function: _____ | 6. Ending Time: _____ |
| 3. Location: _____ | 7. # of invited guests (Guest List due 8 hours prior to event): _____ |
| 4. Type of Event: _____ | 8. # of guests under the age of 21: _____ |

Alcohol is being supplied via: _____ BYOB _____ 3rd Party Vendor (please list vendor) _____

Note: Alcohol may only be distributed in accordance with College policy, Pennsylvania law, Inter/national FS Group Risk Management policy, and FIPG Guidelines

Name of Security Company

_____ (Note: this company must contact the Director of Fraternity and Sorority Life prior to the event to verify its services for the event.)

Names of Monitors/ Event Responsibility/ Emergency Contact

- | | |
|----------|----------|
| 1. _____ | 3. _____ |
| 2. _____ | 4. _____ |

Names of Bartenders/Servers (TIPS Certified BYOB Format)

- | | |
|----------|----------|
| 1. _____ | 3. _____ |
| 2. _____ | 4. _____ |

Chapter Adviser and/or
House Corporation President
has been informed.
____ Yes ____ No

Name of Adviser: _____
Emergency Contact Number: _____

*A Representative from your Advisory Team/House Corporation MUST contact the Office of FS Life (Director), prior to the event, to certify that they are aware of this event.
Verification may take the form of a phone call, or email.*

THE PRESIDENT and/or RISK MANAGEMENT OFFICER FROM EACH SPONSORING/CO-SPONSORING GROUP WHO HAS BEEN AUTHORIZED TO ACT ON BEHALF OF THE GROUP IN THIS MATTER MUST READ THE FOLLOWING STATEMENT AND SIGN BELOW:

The decision to hold an event at which alcoholic beverages will be served and/or consumed is a serious one involving many legal and ethical responsibilities. The group(s) sponsoring the event described on this form is/are fully responsible for the planning, conduct and consequences of that event. As an authorized representative of one of the sponsoring groups, you must understand the responsibilities involved and convey them to your group. You and your organization should be familiar with the College's policies and the regulations, Pennsylvania State Law concerning alcohol, and may wish to obtain qualified legal counsel to assist you.

I/We, the undersigned, am/are familiar with Lafayette College alcohol policies, with the laws of the Commonwealth of Pennsylvania concerning alcohol, and with Pennsylvania State and Local Fire Code regulations. On behalf of the groups(s) I/we represent, I/we acknowledge my/our responsibility for the event described on this form. To the best of my/our knowledge, all information provided on this form is accurate and truthful.

Risk Management Officer (Print) _____ Representing _____ Date _____

Signed _____ Phone Number _____

President (Print) _____ Representing _____ Date _____

Signed _____ Phone Number _____

Co-sponsor (Print) _____ Representing _____ Date _____

Signed _____ Phone Number _____

Co-sponsor (Print) _____ Representing _____ Date _____

FHA/SRA _____ Representing _____ Date _____

Signed _____ Phone Number _____