

**LAFAYETTE**  
FRATERNITY AND SORORITY LIFE

**Social Event Registration Form |  
Non-Alcoholic**

This form is to be used to notify College officials 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

**Names of all sponsoring/co-sponsoring groups:**

\_\_\_\_\_

**Description of Events:**

1. Event Title: \_\_\_\_\_
2. Date of Function: \_\_\_\_\_
3. Type of Function \_\_\_\_\_
4. Starting Time: \_\_\_\_\_
5. Ending Time: \_\_\_\_\_
6. Location: \_\_\_\_\_
7. Anticipated number in attendance: \_\_\_\_\_
8. Music: \_\_\_\_\_ Band \_\_\_\_\_ DJ (check one)
9. Transportation: \_\_\_\_\_
10. Outdoor Event (Yes or No) If yes, explain: \_\_\_\_\_
11. Other \_\_\_\_\_ explain: \_\_\_\_\_

Chapter Adviser and/or  
House Corporation President  
has been informed.

\_\_\_\_ Yes      \_\_\_\_ No

**Names of Monitors/Event Responsibility/Emergency Contact**

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

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:

I/We, the undersigned, am/are familiar with Lafayette College policies 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 \_\_\_\_\_

OFFICE USE ONLY: Public Safety needs notification \_\_\_\_ YES      \_\_\_\_ NO      Approval Date: \_\_\_\_\_ Initial: \_\_\_\_\_