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:

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.

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

____ Yes _____ No

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___________
Signed __________________________________________________ Phone Number_____________________

FHA/SRA __________________________ Representing __________________________ Date___________
Signed __________________________________________________ Phone Number_____________________

OFFICE USE ONLY: Public Safety needs notification _____ YES _____ NO Approval Date: ______________ Initial: ___________________________