

LAFAYETTE
FRATERNITY AND SORORITY LIFE

Event Registration Form w/out Alcohol

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 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. Events will NOT be approved less than 7 days in advance.

Sponsoring Organization: _____

Names of all co-sponsoring groups:

Description of Event/Activity:

1. Event Title: _____

2. Event Type: _____

(Conference, Fundraiser, Lecture, Meeting, Philanthropy, Social, Workshop, other – please list)

3. Event Date: _____

4. Location: _____

5. Indoor/Outdoor Event: _____

6. Starting Time: _____

7. Ending Time: _____

8. Anticipated Attendance #: _____

Chapter Adviser approved? ___ Yes ___ No
Name of Adviser: _____
Emergency Contact Number: _____
<i>Chapter Adviser must send written or verbal approval to Greek Advisor prior to approval being granted.</i>

Is this a Spinning Event? (yes or no) _____

Front Door Prop Alarm Turned off? (yes or no) _____

(Alarms will only be turned off/on no more than 30 minutes before/after the event)

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) _____

Phone Number _____

Representing _____

President (Print) _____

Phone Number _____

Representing _____

Co-Sponsor (Print) _____

Phone Number _____

Representing _____

Co-Sponsor (Print) _____

Phone Number _____

Representing _____

Please note – all events requiring set up, will require a work order request form to be completed. Please accompany this with your registration request. Thank you!