**FORM A | Drake University**

**OFFICE OF FRATERNITY AND SORORITY LIFE**

**Social Event Registration Form – 3rd Party Vendor**

*Forms and supplemental documents are due 2 weeks (14 business days) days before your event*

*Guest lists are due by noon the week before the event*

*For weekend events, lists are due on Friday the week prior to the event*

*Can only be submitted typed. Handwritten Forms will not be accepted.*

**Section 1: General Information**

|  |  |
| --- | --- |
| **Date of the Event** |  |
| **Sponsoring Chapter** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Officer** | **Name** | **Phone** | **Email** |
| **President** |  |  |  |
| **Risk Manager** |  |  |  |
| **Social Chair** |  |  |  |
| **Chapter Advisor** |  |  |  |

**Section 2: Event Information**

|  |  |
| --- | --- |
| **Type of the Event** |  |
| **Theme** |  |
| **Start Time** |  |
| **End Time** |  |
| **Number of Members to be Present** |  |
| **Number of Guests** |  |
| **Total Attendees (not to exceed fire code)** |  |
| **Name of Event Venue** |  |
| **Address and Phone of Event Venue** |  |
| **List the food that will be served** |  |
| **List the Non-Alcoholic beverages served** |  |
| **Cost of Food** |  |
| **Cost of Venue** |  |
| **Cost of Alcoholic Beverages (on average)** |  |

**Section 3: Event Monitors**

|  |  |  |  |
| --- | --- | --- | --- |
| **Underclassmen** | **Name** | **First-Year/Sophomore** | **When Did They Complete Training?** |
| Event Monitor #1 |  |  |  |
| Event Monitor #2 |  |  |  |
| Event Monitor #3 |  |  |  |
| Event Monitor #4 |  |  |  |
| Event Monitor #5 |  |  |  |
| Event Monitor #6 |  |  |  |
| Event Monitor #7 |  |  |  |
| Event Monitor #8 |  |  |  |
| **Upperclassmen** | **Name** | **Junior/Senior** | **When Did They Complete Training?** |
| Event Monitor #1 |  |  |  |
| Event Monitor #2 |  |  |  |
| Event Monitor #3 |  |  |  |
| Event Monitor #4 |  |  |  |
| Event Monitor #5 |  |  |  |
| Event Monitor #6 |  |  |  |
| Event Monitor #7 |  |  |  |
| Event Monitor #8 |  |  |  |

**\*Event Monitors must be sober at event, collegiate members of their chapter, and have gone**

**through Sober Monitor Training\***

**TO BE COMPLETED BY THE THIRD-PARTY VENDOR**

**Section 4: Third Party Vendor or Promoter Information**

|  |  |
| --- | --- |
| **Contact Name & Title** |  |
| **Contact Phone Number** |  |

**As the Third-Party Vendor/promoter, I understand that the following policies are in place for the sponsoring chapter and guests:**

Initials

|  |  |
| --- | --- |
| **The chapter may hire/pay the vendor for the following: rental of the facility, labor for bartenders or security, music/entertainment.** |  |
| **The chapter/individuals is not permitted to purchase alcohol to be given away. (e.g. chapter pays $1000 and everyone drinks free during the event)** |  |
| **The chapter/vendor is not allowed to collect a cover charge and then provide free drinks during the event.** |  |
| **Alcohol is purchased by members/guests directly from the vendor.** |  |

**As the Third Party Vendor/promoter, my initials below attest that the following is true:**

Initials

|  |  |
| --- | --- |
| **The establishment is properly licensed to sell/serve alcohol by both local and state authorities.** |  |
| **The establishment is insured with a minimum of $1,000,000 of general liability insurance.** |  |
| **The establishment has as part of the general liability coverage “off premise liquor liability and non-owned and hired” and has listed the sponsoring chapter as additionally insured.** |  |

**As the Third Party Vendor/promoter, my initials indicate agreement and assumption of the following responsibilities:**

Initials

|  |  |
| --- | --- |
| **Checking identification and the guest list.** |  |
| **Visibly identifying those that are 21 or older and those under the age of 21.** |  |
| **Not serving anyone under the age of 21 years.** |  |
| **Not serving individuals who appear to be intoxicated.** |  |
| **Maintaining control of all alcohol containers.** |  |
| **Collecting all remaining alcohol at the end of the function (no excess alcohol is to be given, sold or furnished to the chapter.** |  |

**Section 5: Transportation Information (if hiring a bus, van, limo, etc.)**

|  |  |
| --- | --- |
| **Company** |  |
| **Contact Name/Title** |  |
| **Contact Phone Number** |  |

**Section 6: Signatures (must be signed)**

By signing this form, I attest that I understand the Interfraternity & Panhellenic Risk Management Policy and my own Chapter’s Inter/national Risk Management policy and agree to uphold these policies & expectations. I understand that in the event of a violation of these policies, the chapter(s) involved may be subject to sanctions imposed by the respective Council’s Judicial Board, Drake University, and my Inter/national organization.

|  |  |
| --- | --- |
| **President** |  |
| **Social Chair** |  |
| **Risk Manager** |  |
| **Third Party Vendor** |  |

**In addition to this form, Chapter should also turn in:**

* Copy of the 3rd Party Vendor’s Up to date Liquor License
* Copy of the 3rd Party Vendor’s Insurance Policy

***Guest Lists:***

* *Guest lists are due by noon the week before the event*
* *For weekend events, lists are due on Friday the week prior to the event*

If you have any questions, please contact the FSL Director at [Elizabeth.Cadwell@drake.edu](mailto:Elizabeth.Cadwell@drake.edu)

or your respective Council Officer:

|  |  |  |  |
| --- | --- | --- | --- |
| Panhellenic Executive Vice President | Izzy Jaeger | (612) 749-0675 | panhel.evp@gmail.com |
| IFC Executive Vice President | Thomas Karandjeff | (314) 882-3460 | [thomas.karandjeff@drake.edu](mailto:thomas.karandjeff@drake.edu) |