This form must be completed and submitted to the Student Involvement Center 2 weeks prior to the scheduled event along with the Third Party Vendor Checklist. A completed guest list must be submitted to the Student Involvement Center by 5 PM at least 2 days prior to the scheduled event.

Chapter A: _______________________________________________________

Chapter B: _______________________________________________________

Date: _______________      Time: (from) __________ (to) __________

Location: ___________________      Capacity of Location:____________

Type of Event:  Third Party Vendor        BYOB

Theme: ____________________      Activities: ________________________________

Transportation Plans for Event (including company name): _______________________

_______________________________________________________________________

Sober Monitors

Name                           Signature

__________________________________________  ______________________________

__________________________________________  ______________________________

__________________________________________  ______________________________

__________________________________________  ______________________________

_______________________________________________________________________

Forms that are not complete will not be accepted.

Given that this event is an official chapter function, we the undersigned agree to make certain that all local, state and federal laws are followed. In addition, we agree to ensure that our chapter, national and the Greek Risk Management and Alcohol policies are enforced.

Chapter A

Signature of person completing the form        Date        Phone Number

_______________________________________________________________________

Chapter President        Date

_______________________________________________________________________

Chapter Advisor        Date
Chapter B

Signature of person completing the form

Date

Phone Number

Chapter President

Date

Chapter Advisor

Date

FOR OFFICE USE ONLY:

Date Received: ______________ By Whom: ____________

Approved By:

Vice President of Administration

Fraternity & Sorority Life Advisor
## Third Party Vendor Checklist

### Criteria

- Properly licensed by the proper authority.  
  This may involve a temporary license to sell off the premises where the function is held.

- Properly insured with a minimum $1,000,000 of general liability insurance.

- All funds for alcohol will be collected by the vendor during the function.

- Will be responsible for the following:
  - Checking identification upon entry
  - Not serving minors
  - Not serving individuals who appear to be intoxicated.
  - Maintaining absolute control of ALL alcoholic service containers present
  - Collecting and removing all remaining alcohol at the end of the function
  - Ensuring the event is held in private and away from other patrons (including a private bar for alcohol service)

- Will not supply any excess alcohol, opened or unopened at the end of the function to the chapter

- Will comply with all local, state and federal laws

### Third Party Vendor Contact Information

<table>
<thead>
<tr>
<th>Location Name</th>
<th>Address</th>
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<tbody>
<tr>
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</table>

<table>
<thead>
<tr>
<th>Phone Number</th>
<th>Contact Person</th>
<th>Title</th>
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</tbody>
</table>

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**Signature of Third Party Vendor**

**Date**

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**Chapter Social Chair or President of either chapter**

**Date**