

# Event

## BYOB Event Form

Chapter:

Date of Event:

Location of Event:

Theme of Event:

Please provide a description of your chapter's action plan on how to a) verify ID's and regulate who is entering your event, b) regulate the alcohol being brought in by guests, c) provide signage on your chapter's policy against underage drinking, and d) how you will distinguish who is allowed to drink at your event (wristbands, etc.). Any failure to provide a plan for these elements or follow-through on these plans will result in an infraction for each failed element. Attach additional pages if necessary.

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Please provide the names and signatures of two members who will remain sober and present throughout the event. Upon signing this form these individuals are agreeing to be responsible for making sure all guests are safely transported home at the end of the event and that the Greek Living Unit hosting the event will be returned back to its normal state by 12pm (CST) the following day. These individuals will also be responsible for contacting the Program Advisor for Greek Life in the event of an emergency or if the BPD or UPD are called to the residence.

Name:

Name:

Phone:

Phone:

Email:

Email:

Signature:

Signature:

Chapters must turn in this form along with an official guest list to the Program Advisor for Greek Life five business days prior to the event. Not doing so will result in an infraction. Upon the President and Social Chair signing this document the chapter is taking responsibility for the organization and proper execution of this event according to the Policies and Procedures Manual.

President:

Social Chair: