

Event Management

Event Registration Form

Chapter Name: _____

Name of Event: _____

Location of Event: _____

Expected Attendance: _____

Date of Event: _____

Type of Event (circle):

Dry

Third-Party Vendor

BYOB

Contact Person for Event: _____

Contact Email: _____

This form must be turned in to the Program Advisor for Greek Life along with appropriate paperwork (Third-Party Vendor or BYOB form) and guest list at least three days prior to the event.