



## Non-Alcoholic Event Registration Form

**-ALL PARTICIPATING CHAPTERS MUST COMPLETE SEPARATE FORMS-**  
All information is **due the Sunday prior to the event, at 10pm**, submitted to:

Chapter: \_\_\_\_\_ Date of Event: \_\_\_\_\_

Event to be held in conjunction with another Chapter:    Yes        No

If yes, with whom:

Description/Theme of Event:

Location of Event:

Establishment Phone Number:

Establishment Address:

Time Event Begins: \_\_\_\_\_ Concludes: \_\_\_\_\_

Number of chapter members attending:

Social Chair Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

President Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**\*\*Signing here is verification that all above information is correct\*\***

Social Chair Signature: \_\_\_\_\_ Date: \_\_\_\_\_

President Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Advisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\*\*ALL ABOVE INFORMATION IS REQUIRED FOR ANY EVENT TO BE REGISTERED\*\***

### ***For Office Use Only***

Received Date:

Time Received: