



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: _____ Guests: _____

Mode of Transportation (if applicable):

 Company Name:

 Phone:

Alternative Food/Beverages:

Total Cost:

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: