

## Greek Function/Activities Notification Form

This form is required for **all** Greek functions/activities open to the campus as well as any event, open or closed, where alcohol may be present. The form must be submitted to the Student Affairs Office **no later than ten days prior to the function/activity**. Indicate, "NA," for any not applicable information. All sections of this form must be completed, including all signatures. Functions/Activities will not occur without submission of this form, with all authorized signatures, by the above stated deadline.

### Event Information

Title of Event \_\_\_\_\_ Hosting Organization \_\_\_\_\_

Date of Event \_\_\_\_/\_\_\_\_/\_\_\_\_ Start Time \_\_\_\_:\_\_\_\_ AM PM End Time \_\_\_\_:\_\_\_\_ AM PM Greek Calendar Request:

Event Location \_\_\_\_\_

Name of Location

Address

City

State

Zip

Estimated Attendance \_\_\_\_\_ *(guest list must be submitted to Student Affairs no later than ten days prior to event)*

Other Participating organizations, if any \_\_\_\_\_  
List All

Event theme? Yes No \_\_\_\_\_  
If event has a theme, it must be reported

Entertainment Provided? Yes No If yes, who and describe \_\_\_\_\_

\_\_\_\_\_  
List 3 Event Monitors (chapter members)

\_\_\_\_\_  
List other risk management measures that will be employed in addition to FIPG risk management requirements:

### **Required for any events with alcohol:**

*FIPG Third Party Vendor Checklist must be submitted with this form.*

Name of third party vendor \_\_\_\_\_

Security services? Yes No If yes, name of security company) \_\_\_\_\_

Advisor on call and phone number \_\_\_\_\_

List 3 "safe ride" drivers (chapter members) \_\_\_\_\_

### Requester's Information

As an undersigned representative, I understand I'm responsible for all activities and residual incidents of the above outlined event. I attest that all policies and laws of William Jewell College, those of the sponsoring organization's national/international headquarters, and the State of Missouri will be upheld. Furthermore, I understand this function/activity is sponsored by the hosting organization and is not considered college-sponsored. The information presented above, to my knowledge, is true and accurate.

Name \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Signature \_\_\_\_\_

Chapter President \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

### Required Signatures

I have reviewed the Interfraternity and Panhellenic Councils' and WJC's policy regarding bid night. I have discussed the policy with the membership of the chapter I advise. I believe the chapter membership fully understands their responsibility at social functions. I will support the chapter in an advisory capacity in meeting their obligations under this policy.

Chapter Advisor \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

### Event Approval

Panhellenic President: \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

IFC President: \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Greek Advisor \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_