

UNIVERSITY OF OREGON
INTERFRATERNITY AND PANHELLENIC

SOCIAL FUNCTION REGISTRATION FORM

This form must be filled out completely, printed or typed, and signed and read by all parties involved and turned in to Greek Life in the HLC a minimum of 5 business days in advance of the desired function, to allow adequate time for review and approval.

Individual filing form: _____ Chapter: _____ Email & Phone: _____

General Information

Event meets these criteria (check all that apply):

- The event exceeds 60 people (both guests and members)
- The event is at a third party vendor
- The event starts after 8pm
- Alcohol will be present at the event
- The event will have amplified sound (i.e. DJ, band, etc.)

Event date (mm/dd/yy): _____

Begins: _____ am / pm

Ends*: _____ am / pm

**Amplified sound must stop and all guests must leave the function by the end time you designate.*

Event Title / Theme: _____ Expected attendance: (members) _____ (guests) _____ (total) _____

Name and address of event location: _____ Phone: _____

Will a guest list be used? yes no

What is the venue's Maximum Occupancy: _____

Transportation services (if applicable): _____

Contact Name: _____ Title: _____ Phone: _____

Location of loading: _____

When applicable, please attach on a separate sheet of paper a typed bus or transportation schedule, with loading and return loading times for each vehicle.

Risk Management Procedure

Will a Chapter Advisor be present? yes no

Name: _____ Phone: _____

Have neighbors been notified? yes no

How will clean-up take place? _____

Number of entrances to the event: _____

Location of entrances: _____

Type of security: MIB CMS Venue Security

Other: _____

Have neighbors been notified? yes no

What food and drink will be provided, and how much money has been allotted for these? _____

Responsible Individuals

Please List five sober (per 100 guests) Event Monitors for each host and co-host chapter(s)

Fraternity / Sorority: _____

Event Monitors (non-drinking)

Name (print)

Time

1. _____

2. _____

3. _____

4. _____

5. _____

Fraternity / Sorority: _____

Event Monitors (non-drinking)

Name (print)

Time

1. _____

2. _____

3. _____

4. _____

5. _____

Fraternity / Sorority: _____

Event Monitors (non-drinking)

Name (print)

Time

1. _____

2. _____

3. _____

4. _____

5. _____

Don't forget to fill out the back!

IFC/PHC Number of Total Required Monitors: _____

Agreement of Social Function:

We, the undersigned, affirm our responsibility for planning and implementing our event safely, and for ensuring that all relevant chapter policies, Greek Life policies, and University policies, are understood and followed by all individuals attending our event. We understand that as members of the chapter(s) hosting the event, we are collectively responsible for enforcing all applicable policies and regulations. We have read and understood the IFC/PHC Bylaws describing alcohol and social function. We understand that we are expected to regulate the behavior of all individuals at the event and to ensure a reasonable noise level is maintained. We agree to cooperate fully with any security agency we may contract, as well as its employees, and that upon their direction or the direction of any other proper authority, we will immediately end our event and begin cleaning up. We understand that any infractions of the IFC /PHC Social Policy will result in the notification of our advisors. We understand that by signing this agreement, we are each expected to be present for the entire event. We also understand that this document serves as a reminder of policies and a means to register this event for informational purposes, **and that its submission to Greek Life does not constitute University or Greek Life approval of this event.**

HOST CHAPTER

Chapter Social Chair or Risk Manager

Signed _____ Print _____

Date _____ Cell/Phone _____

Chapter President

Signed _____ Print _____

Date _____ Cell/Phone _____

CO-HOST CHAPTER (optional)

Chapter Social Chair or Risk Manager

Signed _____ Print _____

Date _____ Cell/Phone _____

Chapter President

Signed _____ Print _____

Date _____ Cell/Phone _____

Security Vendor Acknowledgement**

Company: _____

Contact Person: _____

Phone: _____

If E-mailing (must be done 48 hours prior to event)

I acknowledge (1) I have been provided a personal copy of this form; and (2) I have agreed to provide security services at the event described above.

Name (please print) _____

Signature _____ Date _____

Venue Acknowledgement**

Company: _____

Contact Person: _____

Phone: _____

I acknowledge (1) I have been provided a personal copy of this form; and (2) I have agreed to provide venue/host services at the event described above.

Name (please print) _____

Signature _____ Date _____

If any serious concerns arise during or regarding this event, please contact:

Amy Long, Greek Advisor (541) 346-7149 amylong@uoregon.edu

* "Social function" is defined in Section 4(a), UO IFC/PHC Social Policy.

** A written response from either vendor confirming receipt of and assent to this Agreement may substitute for a signature in this field. Written confirmation must also be attached and submitted with this Agreement.