



NORTHERN ILLINOIS UNIVERSITY

**Student Involvement
& Leadership Development**

Division of Student Affairs & Enrollment Management

**OFF-CAMPUS SOCIAL EVENT
REGISTRATION FORM**

Student Involvement & Leadership Development
Campus Life Building, Suite 150
815-753-1421

Student Affairs & Enrollment Management
Northern Illinois University

EVENT INFORMATION

Organization Name: _____

Other Co-Sponsoring Organizations: _____

Event Location Name: _____

Event Location Address: _____

Event Date: _____ Start Time: _____ End Time: _____

General Event Description (include event theme if applicable): _____

Type of Event:

- ☐ Alcohol-Free Event
☐ Event at an Organization House with Alcohol
☐ Event at a Third Party Venue with Alcohol

ATTENDEES

Number of Organization Members Attending: _____

Number of Guests Attending: _____

Total Attendees: _____

Organizations with 25 or fewer members may invite 75 guests to an Event at an Organization House with Alcohol. Organizations with more than 25 members may invite up to three guests per member to the event.

- ☐ A copy of the guest list is attached. (An updated guest list must be submitted at least one hour prior to event.)

SOBER MONITORS (required only for events involving alcohol)

One sober monitor is required for every 25 attendees.

Sober Monitor 1 – Individual responsible for monitoring the bar: _____

Sober Monitor 2 – Individual responsible for matching IDs to the guest list: _____

Sober Monitor 3 – Individual responsible for checking IDs for legal drinking age: _____

Additional Sober Monitors (if needed, attached a separate sheet noting sober monitors):

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

FOOD & NON-ALCOHOLIC BEVERAGES (required only for events involving alcohol)

Alternative Beverages Available: _____

- ☐
- Organization will provide alternative beverage(s) and water free to attendees

Food Available: _____

- ☐
- Organization will provide free food to attendees

ENTRANCE (required only for events involving alcohol)

How will the verification of event attendees being on the guest list be accomplished at the entrance?

- ☐
- ID check by sober monitor at entrance and marking on guest list
-
- ☐
- Other similar method: _____

How will the verification of legal drinking age be accomplished at the entrance?

- ☐
- Check by sober monitor at entrance and given wristband
-
- ☐
- Other similar method: _____

STATEMENT OF UNDERSTANDING

The organization does hereby accept full responsibility for this event. In accepting this responsibility, the organization will make certain that this event is in compliance with all applicable laws and policies of Illinois, City of DeKalb, DeKalb County, and Northern Illinois University. Greek organizations are expected to act in accordance with the Fraternal Information and Programming Group (FIPG) Risk Management Manual and abide by policies of the organization's inter/national headquarters. The organization understands that the organization is required to regulate the behavior of all individuals in attendance during the event. The organization understands that failure to abide by all terms of this agreement and all event policies and regulations may result in disciplinary action. The organization understands that an organization cannot host/participate in this event without full completion of this registration form and emailed confirmation by Student Involvement & Leadership Development. University staff reserve the right to conduct compliance checks at any registered or unregistered event. If an organization fails to allow NIU staff to enter the facility, the organization and individuals may be charged with Noncompliance with University Officials and violation of the *Off-Campus Social Events Policy*.

Organization President: _____
(Print Name) (Signature) (Cell Phone) (Email Address)

Organization Social Chair: _____
(Print Name) (Signature) (Cell Phone) (Email Address)

Co-Sponsor President: _____
(Print Name) (Signature) (Cell Phone) (Email Address)

Co-Sponsor Social Chair: _____
(Print Name) (Signature) (Cell Phone) (Email Address)

FOR SILD USE ONLY

Date & Time Received: _____ Staff Initials: _____

Date Reviewed: _____ Reviewer: _____

- ☐
- Approved
-
- ☐
- Denied

Notes: _____