January 2010

University of California- Los Angeles
Greeks **A**dvocating **M**ature **M**anagement of **A**lcohol

EVENT REGISTRATION FORM- Alcohol

Chapter: _____
Date of Event: _____
Chapter Co-Sponsoring Event: _____

Primary Event Planner:
Name: _____
Position: _____
Phone #: _____
Email: _____

President:
Name: _____
Phone #: _____
Email: _____

- This form should be filled out for any events that may **involve alcohol** (see section 1)
- This form needs to be submitted **5 business days** before the date of your event (not including the day of your event). It needs to be **time stamped** in FSR **before 12:00 noon**
- Not having your form filled out **completely** and **honestly** will hinder your chances of event approval
- Please direct e-mails to **gamma@ucla.edu**

Section 1: Event Information

Type of Event: ☐ Raid ☐ Date Party ☐ 4-way ☐ Invite party (house) ☐ Formal ☐ Bus trip ☐ Pinning ☐ Birthday event ☐ Other _____

Name of event: _____
Theme: _____
Location: _____
Name: _____
Address: _____

Event details (please be detailed): _____
_____
_____

Time of event: beginning: _____ ending: _____

Section 2: Transportation and Security Information

Check if not applicable: ☐Security ☐Transportation reason: _____

Event/Security company: _____
Contact name: _____ Phone #: _____

Expected attendance: _____ Overall cost of event: _____

Transportation company: _____
Contact name: _____ Phone #: _____
Type of transportation (ex: bus/limo): _____ Quantity: _____

Loading locations: pick up: _____ drop off: _____
Time of loading: pick up: _____ drop off: _____

Section 3: Food and Drink

How will alcoholic beverages be provided: ☐ BYOB ☐ Sold by licensed vendor ☐ Other _____

Type and quantity of non-alcoholic beverage that will be provided (this is REQUIRED at all events)
Bottles of water: _____ Cans of soda: _____ Other: _____

What non-salty food will be provided: _____

Section 4: Music and Noise

Entertainment: ☐ Live band ☐ DJ ☐ House system ☐ Other _____
☐ Concert (fill out DRY registration- make appt to discuss)

Signature of Officer

UCPD notified 7 days in advance (for events 150+ people): ☐ yes ☐ no

Section 5: Event Management

Sober/responsible members in charge (2 required)
Name: _____ Phone #: _____
Name: _____ Phone #: _____

Additional sober/responsible members (1 required per additional 50 people)
Name: _____ Phone #: _____
Name: _____ Phone #: _____
Name: _____ Phone #: _____

Will advisers be present: ☐ yes ☐ no
Name: _____ Phone #: _____
Name: _____ Phone #: _____

I understand that this form constitutes party registration, not approval- approval is subject to final discretion of GAMMA. By submitting this form, I am aware that the host chapter (and in the case of an additional sponsoring chapter) is responsible for ensuring compliance with IFC/Panhellenic/GAMMA Policies, University and Local, State and Federal Laws. I also ensure that this form is filled out honestly.

Person submitting form: _____ Date: _____

President: _____ Date: _____

Chapter Adviser: _____ Date: _____
Phone number: _____

Timestamp here: