



Off-Campus Event Registration Form

Name of Organization: _____
Person Responsible for Event: _____
Office held in Organization: _____
Contact Person Phone: _____

Date of Event: _____
(Must be registered at least 2 weeks in advance)

Time of Event: Begin: _____ End: _____
Address of Event: _____

Type of Establishment: _____
Contact Phone during Event: _____
Total Number Attending Event: _____
Theme of Event: _____

Special Arrangements

(To be completed upon consultation with Matador Involvement Center Staff)

Type of Security Arranged (Check one): ☐ Licensed Agency ☐ Off-Duty Peace Officer ☐ Other

Name of Security Arranged: _____

Security Phone Number: _____

Member Responsible for Security: _____

Member Responsible for clean up: _____

Type of Entertainment Provided: _____

(Disc Jockey, Band, Radio, Microphones, etc.)

Please check all that apply:

- ☐ The following alternative non-alcoholic beverages will be provided to guests _____
- ☐ The following non-salty foods will be provided to guests _____
- ☐ The following system will be used to identify those of legal age to consume alcohol _____
- ☐ A prearranged guest list will only be used for entrance into the event
- ☐ All security officers will be easily distinguished from other guests during the event by _____
- ☐ A copy of all contracts that have been made with outside corporations/organizations is attached
- ☐ Neighbors will be notified of event at least 96 hours in advance (attach notice w/neighbor list)
- ☐ All flyers/promotional materials advertising this event have been reviewed by Office of Student Development (attach flyer and/or other materials)
- ☐ Buses have been contracted for transportation to and from the event

"I have read the University Policy on Event Registration Procedures, the CSUN Greek Guidelines, and my (Inter)National Risk Management Policies and agree to accept responsibility for compliance with all referenced policies."

Submitted by: Organization President: _____ Date: _____
Person Responsible for Event: _____ Date: _____

**Signatures below signify consultation of proper risk management procedures and event management and do not signify approval of event.*

Reviewed by: Matador Involvement Center Staff: _____ Date: _____

Comments: