



SOCIAL EVENT REGISTRATION FORM

This form must be completed by any organization hosting an on- or off-campus event. Complete the information requested below and submit this form to Student Programs **no later than three weeks before the event**. Any contracts, contract routing forms, room or quad reservation forms, pay to requests, interdepartmental transfer requests and W-9 forms needed for paying for the event must also be attached. **Completion of this form does not automatically provide approval of the event.**

Sponsoring Organization _____

Name/Description of Event _____

Is this a recurring event? YES NO

If yes, how often is event held? _____

Date of Event _____ Day of Event _____

Location of Event _____

Time Event Starts _____ Time Event Ends _____

Number Invited _____ Expected Attendance _____

Responsible Hosts *(Hosts must have completed training)*

NAME	E-MAIL	PHONE
_____	_____	_____
_____	_____	_____
_____	_____	_____

Monitors for entry control *(Monitors must ensure that only invited guests attend the event and that guests do not arrive or depart from the event intoxicated. Monitors are not to confront any persons themselves. They are only to observe and contact security with any problems. There must be at least one monitor for each 50 guests, up to 200 guests. For any event at which attendance is expected to exceed 200, Student Programs must be consulted as to the number of monitors required.)*

NAME	E-MAIL	PHONE
_____	_____	_____
_____	_____	_____
_____	_____	_____

Will alcohol be served at the event? YES NO

If yes, who is providing the alcohol? _____

Who or what organization is paying for the alcohol? _____

How will the alcohol be distributed? CASH BAR BYOB DRINK TICKETS OPEN BAR

OTHER *(please describe)* _____

OVER →



List types and quantities of alcohol that will be served.

TYPE	QUANTITY
_____	_____
_____	_____
_____	_____

How will consumption of alcohol be managed? (i.e. legal age of drinkers, excessive consumption) _____

List types and quantities of non-alcoholic beverages that will be served (Non-alcoholic beverages must be made available at no cost to attendees.)

TYPE	QUANTITY
_____	_____
_____	_____
_____	_____

List types and quantities of food that will be served

TYPE	QUANTITY
_____	_____
_____	_____
_____	_____

Will there be entertainment? YES NO
 LIVE BAND/PERFORMER DJ OTHER (please describe) _____

Will amplified sound be used? YES NO
(If yes, you must complete an Amplified Sound Registration form)

How will security be provided at the event? _____

Please describe clean up plans for the event _____

I/we have read and understand the Louisiana laws, Tulane University policies and fraternity/sorority regulations pertaining to the possession and use of alcoholic beverages, and pertaining to student-initiated events. I/we agree to abide by all policies and regulations mentioned above. I/we understand that I/we may be held responsible for violations of University policy occurring during this event. As the host(s) of this event, I/we will be present for the duration of the event and will be available to assist University officials in resolving any issues or problems associated with the event. I/we agree that upon direction of Student Affairs Staff or other University personnel, I/we will immediately close the event and begin the clean-up process. Finally, I/we understand that failure to abide by all stipulations of this agreement will be grounds for the closing of the event, possible confiscation and disposal of alcoholic beverages, and potential disciplinary action. I/we understand that I/we cannot host this event without having this form signed by the Vice President for Student Affairs or his/her designees.

Authorized Representative of Sponsoring Organization (Must have attended Responsible Hosting Seminar)
Name _____ Signature _____
Address _____
Phone _____ E-mail _____

Student Organization Adviser I have reviewed this Social Event Registration form and approve its submission to Student Programs
Name _____ Date _____
Signature _____

Office Use Only
Approved yes no
Signed _____ Number of Security Officers Required _____
Date _____