



**Office of Fraternity & Sorority Affairs
Declaration of Social Event/Party
Events Must Be Registered 2 Weeks in Advance**

Co/Sponsoring Organization(s):

(Note: Each co-sponsor must submit its own form)

Fraternity/Sorority _____

Co-Sponsoring Fraternity/Sorority _____

Event Day & Date _____ Time of Event _____

Event Location _____

Event Theme _____

Is event satisfying a discipline sanction: Yes No

Events including alcohol - Type of Event:

_____ Mixer (2 or more chapters) _____ Date Function

_____ Formal _____ Alumni Function

_____ Brotherhood/Sisterhood Function

*****GUEST LIST MUST BE SUBMITTED THE THURSDAY PRIOR TO
EVENT. GUEST MUST BE LISTED AS 21 & OVER OR UNDER 21.*****

Does venue of event carry liability insurance? (circle one) Yes No

If Yes, please attach copy of venue's liability insurance policy

**If No, event may not be held at a venue which does not carry liability
insurance or is not willing to provide a copy of same.**

Does venue of event possess a license to serve alcohol? (circle) Yes No

If Yes, please attach copy of venue's license to serve alcohol

**If No, event may not be held at a venue which does not have a license to
serve alcoholic beverages.**

What type of “merchant education training program” has staff who will be serving alcohol completed? Circle all that apply:

TIPS

ServSafe

Training

Other):_____

PREP

Please Note: At least one server at the event must have completed a merchant education training program successfully in order for event to be approved. A copy of verification that training was completed is attached. If no staff has completed any of these trainings, the vendor may contact C.R.A.M. (Coastal Reduction of Alcohol Misuse) at 2404 Wise Road, Conway, SC 29528 or call (843) 365-6697.

Is venue zoned for service of alcoholic beverages? (circle one) Yes No

If yes, please attach a copy of proof that venue is zoned to serve alcohol.

If no, event may not be held at a venue which is not zoned to serve alcohol.

What process/es will be followed to ensure that no under-age drinking will occur at the event? Please check all that apply.

____ Wristbands

____ Check IDs at all entrances to venue

____ Check IDs for each alcoholic beverage served

____ Hand stamp

____ Designated areas for individuals 21 and over to purchase/consume alcohol

____ Other (please specify):

Responsible Student Signatures

We, the undersigned undergraduates, have read, fully understand and agree to abide by the risk management/social policies of our inter/national fraternity/sorority, OFSL and Coastal Carolina University as well as all local, state and federal laws.

If the individuals in charge (listed below) fail to fulfill their responsibilities, the individuals and/or the chapter will be subject to disciplinary action. In addition, any violation(s) of local, state or federal laws may result in civil action and/or criminal charges being brought against the undersigned individuals and/or the officers of the co/sponsoring organization(s).

Organizing Officer /Cell Number

Signature

Chapter President/Cell Number

Signature

Event Monitors

Note: Responsible event monitors must report and remain sober for the entire party/event.

- | | Name | Cell Number |
|----|-------------|--------------------|
| 1. | _____ | _____ |
| 2. | _____ | _____ |
| 3. | _____ | _____ |
| 4. | _____ | _____ |
| 5. | _____ | _____ |

Chapter Advisor Signature

By joining in this Declaration, the undersigned Chapter Advisor represents only that I made the Chapter President aware of local, state and federal laws as well as Inter/National Fraternity/Sorority social and risk management policies.

Advisor's Printed Name

Advisor's Original Signature/Date

Coordinator of F/S Life Printed Name

**Greek Advisor's Original
Signature/Date**