

College of Charleston
Greek Social Event Registration Form

You must print this form and submit it to the Office of Greek Affairs for approval by the Director of Greek Life.

The Social Event Registration Form **MUST** be submitted at least **five (5)** days prior to the event. Use this form for **ALL** parties, formals, socials, or any event sponsored by an organization that is preplanned. This includes events that involved alcohol and those that do not.

Host Chapter: _____ Co-Sponsors: _____

Person Filing Request: _____

Telephone: _____ Cell Phone: _____

E-Mail: _____ Campus PO Box: _____

Local
Address: _____

EVENT INFORMATION

Type of Event: Band Party Date Party Mixer or Co-Sponsored Party Parent's Weekend
Alumni Event Other: _____

Date of Event: ____/____/____ Start Time: ____:____ AM/PM End Time: ____:____ AM/PM

Theme of Event: _____

Location of Event: _____

of Members Attending: _____ # of Guests: _____ Total: _____

Will entertainment be provided? Yes No what type and who? _____

NOTE: If event is ON CAMPUS, then form must be approved and signed by RESIDENTIAL LIFE AUTHORITY. Also, if ALCOHOL is present, and ON CAMPUS, then PUBLIC SAFETY must be notified two (2) weeks prior to the event and IDT form must be provided. Two (2) officers must be present for ON CAMPUS social event.

EVENTS WITH ALCOHOL PRESENT

Type of Event: BYOB Third Party Vendor Name of Vendor: _____

Phone #: _____

Agency Providing Security: College of Charleston Police City of Charleston Police Private Security
Company Other:_____

Name(s) of Officers:_____

Phone #(s) of Officers:_____

Who is responsible for checking IDs? Hired Security Establishment Personnel
Name/Phone #:_____

Will transportation be provided: Yes No By Whom? Cab Service Public Transportation
Other:_____

If Yes, Name of Service:_____

Pick up/Drop off location(s):_____

List ALL members who have agreed prior to the submission of this form to remain sober to manage the
event: _____

On a separate sheet of paper, type ALL guests who will be attending from your chapter.

I understand that ANY activities prior to the registered event, or after the registered event (warm-up parties, pre-parties, after parties, etc) are considered to be part of the event. ALL College of Charleston policies and procedures, the National Organization's policies and South Carolina Laws will be enforced by me, the social coordinator, the chapter advisor, and the Organization during the event.

President's Signature:_____ E-Mail:_____

Social Chair's Signature:_____ E-Mail:_____

Date: ____/____/____

Administrative Signatures

Chapter Advisor:_____ Vendor:_____

Residence Life:_____

Director of Greek Life:_____

Public Safety/Security:_____

For Office Use Only: APPROVED DENIED

Checklist:

Access Social Event Form

If alcohol is present at an on-campus event (BYOB), public safety (x5611) must be notified two (2) weeks prior to the event. Must provide IDT form to pay for security.

Form must be signed and approved by the Director of Greek Life

If event is on-campus, the form must also be approved/signed by designated venue authority (i.e. Res Life Authority must approve events at Fraternity/Sorority houses)

Form submitted no later than five (5) days in advance with attached guest list and completed form (signatures of approval) to Office of Greek Life.

SIGN IN LIST FORM