

# Adrian College Greek Social Events Registration Form

This form is to be filled out completely, printed, signed, and returned to the Coordinator of Greek Life

Hosting Chapter(s): \_\_\_\_\_ and \_\_\_\_\_ Today's Date: \_\_\_\_\_

Date of Event: \_\_\_\_\_ Time of Event: \_\_\_\_\_ Location of Event: \_\_\_\_\_

Name of Event: \_\_\_\_\_

**Name of President or Designee:** \_\_\_\_\_

\*This individual must have completed the mandatory risk management training and is the head monitor for the event. This individual must remain sober and aware for the duration of the event and will be the main point of contact for external personnel.\*

There must be at least five **SOBER event monitors working at all times** (unless otherwise approved by the Greek Life Coordinator).  
Event monitors must be listed below with the hours they will be working along with their contact phone number.

**First Shift:**     8-9     9-10     10-11

**Second Shift:**     9-10     10-11     11-12

Name	Cell Phone #
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____

Name	Cell Phone #
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____

**Third Shift:**     10-11     11-12     12-1

**Fourth Shift:**     11-12     12-1

1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____

1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____

Recruitment     Mixer     Alumni     Family     Other Social Event

Event Description: \_\_\_\_\_

This form must be completely filled out and submitted to the **Coordinator of Greek Life** no later than **FIVE BUSINESS DAYS** prior to event. **Guest Lists may** be requested for on-campus events per Student Life Office. **Guest lists are required** for off-campus events where alcohol is served

**We have notified our Chapter Advisor and are in compliance with our National Rules and Regulations**

\_\_\_\_\_  
Signature of Chapter President or Designee

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

<b>For Office Use Only</b>	
Date/Time Received: _____	<input type="checkbox"/> Flyer Approved
Signature: _____	<input type="checkbox"/> Advisor Notified (who/method): _____
	<input type="checkbox"/> Clean up Policy Read
	<input type="checkbox"/> Safety, Administrator on Duty, Asst. Dean of Students, Coordinator of Greek Life all received copies of Social Events Registration Form