

**San Jose State University
Social Event Registration Form**

This form is due to the Office of Student Involvement, FASL staff through a scheduled meeting
72 hours prior to an event.

Name of all sponsoring chapters:

Date of Event: _____ Estimated Attendance: _____

Location/Address of Event: _____

Phone Number of Location of Event: _____

List the officer in charge, their phone number, and email address.

Purpose and Type of Event:

Name and Theme (if applicable):

Beginning and End time of event:

Has this event been held before? If yes, when?

If this event has been held before, have any problems, incidents, and/or accidents occurred?

** If yes, please attach an explanation of the accident and the changes made to prevent a reoccurrence of such accident.

Will event exceed five hours? If yes, why? _____

Will alcohol be present? If yes, how (BYOB, 3rd party vendor)?

How will the verification of legal drinking age be accomplished?

What methods will be used to limit individual consumption of alcohol?

Will ample food and non-alcoholic beverages be available (Describe)?

Please list all party monitors and their phone number.

Has security from UPD been secured for this event? _____

Who is the UPD contact for this event? _____

Is the Risk Management chair and/or person trained by FASL staff going to be in attendance?

This form should also be signed and dated by both the chapter president, chapter advisor, and the office in charge of the event. In doing so, both parties understand that only through compliance with these stipulations will the chapter be in compliance with the risk management policies of the fraternity/sorority and San Jose State University.

Chapter President

Date _____

Chapter Advisor

Date _____

Office in charge of event and title

Date _____

**Remember to attach guest list, copy of SERF form, and flyer (if applicable)!

Dept. Use Only: Approved By: _____ Date: _____



STUDENT INVOLVEMENT
Fraternity and Sorority Life