

RECOGNIZED STUDENT ORGANIZATION: SOCIAL EVENT REGISTRATION PACKET

EVENT REGISTRATION INFORMATION IS REQUIRED TO BE SUBMITTED FOR REVIEW AT MINIMUM OF 5 BUSINESS DAYS PRIOR TO THE DESIRED EVENT DATE.

Recognized
Student
Organizations

SAN JOSÉ STATE UNIVERSITY

SOCIAL EVENT REGISTRATION PACKET

SOCIAL EVENT OVERVIEW: PAGE 1 OF 4

IN SUBMITTING THIS FORM, I CERTIFY THAT THE INFORMATION BELOW IS CORRECT AND ACCURATE. I ACKNOWLEDGE THAT PROVIDING FALSE INFORMATION OR FAILING TO PROVIDE OR HOST AN EVENT THAT IS IN CONGRUENCE WITH SJSU STANDARDS WILL LEAVE MYSELF AND/OR MY ORGANIZATION SUBJECT TO APPROPRIATE ADJUDICATION.

NAME OF HOST ORGANIZATION: _____

EVENT HAS A CO-HOST OR CO-HOSTING ORGANIZATIONS:

- YES: _____
- NO

CONTACT INFORMATION OF PERSON IN CHARGE:

NAME: _____
PHONE #: _____
EMAIL ADDRESS: _____

DESIRED EVENT DATE: _____

DESIRED EVENT START TIME: _____

DESIRED EVENT END TIME: _____

VENUE/EVENT LOCATION:

- THIRD PARTY VENDOR
- OTHER: _____

VENUE/LOCATION ADDRESS: _____

CONTACT PERSON FOR EVENT LOCATION:

NAME: _____
PHONE #: _____

SECURITY:

- PROVIDED BY THIRD PARTY VENDOR
- PROVIDED BY PRIVATE COMPANY: _____
- UPD/SJPD OFFICERS
- OTHER: _____

PROPOSED EVENT THEME: _____

ESTIMATED EVENT ATTENDANCE: _____

SOCIAL EVENT REGISTRATION PACKET

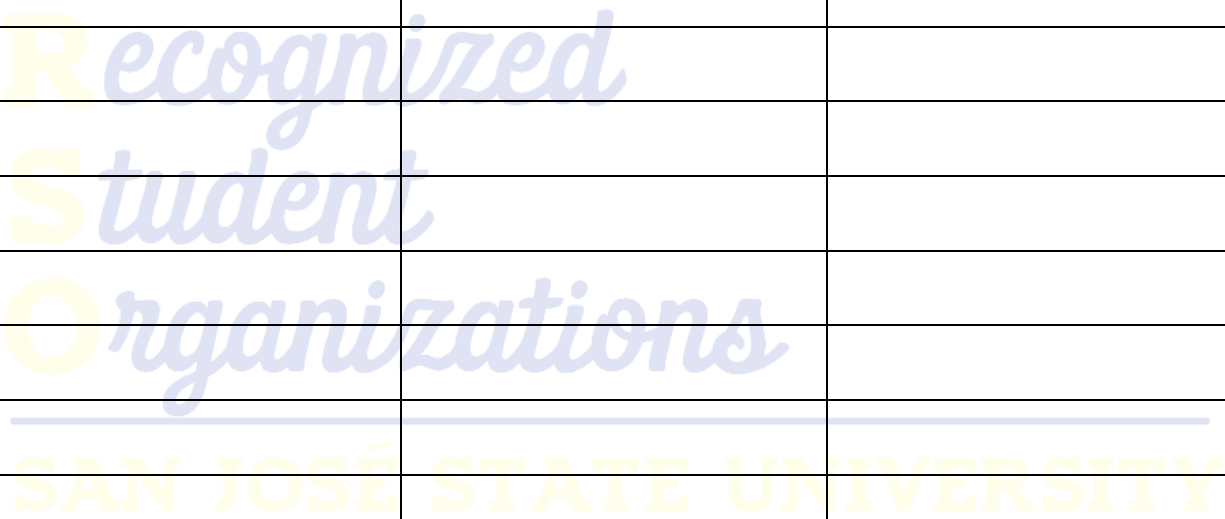
SOBER MONITOR INFORMATION: PAGE 2 OF 4

STUDENT INVOLVEMENT POLICY REQUIRES A MINIMUM OF 1 SOBER MONITOR PER 25 GUESTS IN ATTENDANCE. IN SUBMITTING THEIR INFORMATION BELOW, I AM CERTIFYING THE INDIVIDUALS IDENTIFIED, AS 'SOBER MONITORS' WILL NOT CONSUME ALCOHOL OR ANY OTHER SUBSTANCES PRIOR TO OR DURING THE ENTIRE DURATION OF THE EVENT.

NUMBER OF SOBER MONITORS: _____

SOBER MONITOR CONTACT INFORMATION

NAME	PHONE #	EMAIL



SOCIAL EVENT REGISTRATION PACKET

SUPPLEMENTAL DOCUMENTS & SIGNATURES: PAGE 3 OF 4

FOR ANY SOCIAL EVENT BEING HELD AT AN OFF-CAMPUS LOCATION OR VENUE, IT IS REQUIRED UNDER FIGG AND GREEK LIFE POLICY THAT PROPER SUPPLEMENTAL DOCUMENTATION AND APPROPRIATE SIGNATURES ARE PROVIDED.

PLEASE ATTACH COPIES OF ALL THE BELOW CITED DOCUMENTS FOR REVIEW:

- VENUE/LOCATION CURRENT LIQUOR LICENSE(S)**
- VENUE/LOCATION PROOF OF LIABILITY INSURANCE***
- COPY OF SIGNED CONTRACT BETWEEN ORGANIZATION & VENUE/LOCATION**

**LIABILITY INSURANCE MUST BE AT LEAST \$1 MILLION DOLLARS OF COVERAGE OR MORE IN ORDER FOR YOUR ORGANIZATION TO HOST/CO-HOST AN EVENT THERE.*

REQUIRED SIGNATURES:

IN SIGNING THIS DOCUMENT, I VERIFY THAT THE INFORMATION PROVIDED IS ACCURATE AND UP TO DATE. FURTHER, I ACKNOWLEDGE THAT IN SIGNING I TAKE RESPONSIBILITY FOR THE PROPER MANAGEMENT OF SAID SOCIAL EVENT AND INSURE THAT THE CHAPTER'S MEMBERS GUEST WILL BE MADE AWARE OF APPLICABLE POLICIES.

ORGANIZATION PRESIDENT:

ORGANIZATION SOCIAL CHAIR (INDIVIDUAL WHO PLANNED EVENT):

RISK MANAGEMENT/STANDARDS OFFICER:

ORGANIZATION ADVISOR:
