Alcoholic Event Registration
For IFC and PHA chapters

The event registration must be completed by a representative from the hosting chapter who will serve as the contact for the duration of the registration process. This person will be contacted if information is invalid or incomplete and will be responsible for providing all required information in order for the event to be approved. All registration information must be complete and accurate and turned in to the respective Vice President of Risk Management at least one week prior to the scheduled event date.

Event/Contact Information

Chapter: ___________________________  Event date: ________________

Chapter representative: __________________________

Position/title: __________________________

Email: ___________________________  Phone #: ________________

Signature: ___________________________  Date: ________________

Chapter Advisor Approval

Name: ___________________________

Email: ___________________________  Phone #: ________________

Signature: ___________________________  Date: ________________

Time Stamp

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Event Form

Sponsoring chapter: _________________________  Event date: ________________

Event theme: ______________________________

Event Type

Check one of the following

☐ Single-chapter sponsored event
   One chapter is promoting, funding and providing transportation for the event

☐ Joint-chapter event
   Two or more chapters are promoting, funding and providing transportation for the event; only members of included chapters are attending
   Other participating chapters:
   1. ______________________________________
   2. ______________________________________
   3. ______________________________________

☐ Co-sponsored event
   Two or more chapters are promoting, funding and providing transportation for the event; non-members may be invited/attend

☐ Alumni/tailgate event (IFC chapters only)
   Hosted at an IFC chapter house; alumni and guests may be invited/attend

☐ Parent event
   One chapter is funding and/or providing transportation for an event in which parents/other relatives of chapter members may be invited/attend

Event Location

Event location: ______________________________

Address: __________________________________

Event start time: ___________________________  End time: ________________
   (No later than 1:00 a.m.)

Check that the following information is complete and attached:

☐ Proof of establishment’s valid liquor license
☐ Proof of establishment’s insurance liability coverage of $1 million minimum
☐ Receipt of transportation being utilized
Establishment/Vendor Form

This form must be completed and signed by a representative from the establishment where the event will be held.

Name of establishment: ___________________________  Date of event: ______________

Greek chapter: _________________________________

In signing this form on behalf of the establishment listed above, I agree that this establishment will host a closed alcoholic event on the date listed for the Greek organization listed.

I understand that, as the host of this event, I am responsible for ensuring that the establishment staff enforces local, state, and national laws. I also agree to contact the Office of Greek Life (573-882-8291) if the participating chapter(s) cause excessive difficulty, including but not limited to:

- Attempted use of false identification
- Bringing drugs or outside alcohol into the establishment
- Fighting
- Damaging establishment property

I agree to ensure that the management and staff of the establishment listed above will complete the following steps in order to remain in good standing for approved Greek events:

- Identification will be checked before guests enter the establishment
- Guests will be monitored
- Guests who are heavily intoxicated will not be allowed to continue consuming alcoholic beverages and will be required to exit the event

I have provided proof of the following to the Office of Greek Life:

- My establishment’s insurance policy with a minimum $1 million liability coverage
- My establishment’s valid liquor license

_________________________  ___________________________  _______________________
( Establishment manager signature)  (Printed name)  (Date)

_________________________  ___________________________  _______________________
(Chapter President signature)  (Printed name)  (Date)

_________________________  ___________________________  _______________________
(Risk Manager signature)  (Printed name)  (Date)

_________________________  ___________________________  _______________________
(Social Chairman signature)  (Printed name)  (Date)
Chapter Accountability Agreement

Sponsoring chapter: ____________________________

Estimated # attending: ___________________  # of sober monitors: ________________

*Must be 1 for every 50 attending

Executive Officer Monitor

Officer name: ____________________________  Position: __________________

Email: ____________________________  Phone #: __________________

As the executive officer monitor and primary contact for the event, I agree to remain sober for the duration of the event. I agree to intervene in any situation that may jeopardize the safety and/or wellbeing of members/guests at the event. I understand that I am responsible for ensuring that my organization is upholding the alcohol policy for the University of Missouri, all IFC/PHA alcoholic event guidelines outlined in the councils’ Constitutions and Bylaws, my organization’s policies, and all state and federal laws. I understand and agree that I will be available for contact for any questioning by Greek Life staff, university officials, Columbia/university police, and/or national fraternity/sorority organizations regarding this event.

Signature: ____________________________  Date: __________________

Sober Monitor Agreement

As a sober monitor, I agree to remain sober for the duration of the event. I understand that I am responsible for ensuring that my organization is upholding the alcohol policy for the University of Missouri, all IFC/PHA alcoholic event guidelines outlined in the councils’ Constitutions and Bylaws, my organization’s policies, and all state and federal laws.

Printed name: ____________________________  Phone #: __________________

Signature: ____________________________  Date: __________________

Printed name: ____________________________  Phone #: __________________

Signature: ____________________________  Date: __________________

Printed name: ____________________________  Phone #: __________________

Signature: ____________________________  Date: __________________

Printed name: ____________________________  Phone #: __________________

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Signature: ____________________________  Date: __________________