UNI Fraternity & Sorority Life – Social Notification Form
Event with Alcohol (A Event) – BYOB

This form must be completed and submitted at least 2 weeks prior to the scheduled event.

Due 2 days prior to the scheduled event:
Pre-Event Guest List
Event Monitor Pre-Event Form

Due on the immediate school day following the event:
Post-Event Guest List
Event Monitor Post-Event Form

Forms and Guest Lists are to be submitted to the Office of Student Life during regular business hours.

Chapter Hosting House Event: (Please select one)

☐ Kappa Sigma – 2504 College St., Cedar Falls, IA 50613

Date: ________________  Time: (from) ____________ (to) ____________

Forms that are not complete will not be accepted. Given that this is an official chapter function, we the undersigned agree to make certain that all local, state and federal laws are followed. In addition, we agree to ensure that our chapter, inter/national policies and the UNI FSL Social Policy are adhered to and enforced.

**Entry and Admittance Monitors**
*Minimum 4 persons must be designated as Entry and Admittance Monitors.

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**Alcohol Distributors**
*Minimum of 4 persons from the fraternity hosting chapter.
*Cannot also be Event Monitors.

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**Members Responsible for Post-Party Clean-Up**
*Event clean-up must occur by NOON on the day following the event.

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Food and Non-Alcoholic Beverages Requirements:
✓ The host chapter must provide an amount of non-alcoholic beverages at least equal to the total number of people in attendance.
✓ Breads, meats, cheeses, vegetables, cookies, subs, pizza, brownies, fruits and dips are considered appropriate foods. The chapter should avoid salty foods.
✓ All food and non-alcoholic beverages should be free to all attendees.
✓ Food and non-alcoholic beverages should be contained within one centralized location.
✓ Non-alcoholic beverages should be served from closed containers.

Please list the Food and Non-Alcoholic Beverages Provided:
______________________________________________________________________________________
______________________________________________________________________________________

I attest that the information provided on this form is accurate and true. Falsification of information or any violation of this contract will result in charges being filed against your chapter.

Social Chair (Please Print)   Social Chair Signature    Date
______________________________________________________________________________________
Chapter President (Please Print)  Chapter President Signature   Date
______________________________________________________________________________________
Chapter Advisor (Please Print)  Chapter Advisor Signature    Date

FOR OFFICE USE ONLY:

Approved By    Initials    Date
IFC Vice President of Administration
Panhellenic Vice President of Risk Management
Fraternity & Sorority Life Advisor