UNI IFC & Panhellenic Council – Social Notification Form
Event with Alcohol (A Event) – Third Party Vendor

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.

Host Chapter A: _________________________ Event Date: __________________________
Host Chapter B: _________________________ Time: (from) __________ (to) ___________
Venue Name & Address: ___________________ Capacity of Location:_________________

*Must be an Approved Third Party Vendor

Theme: _______________________ Activities: ________________________________

Transportation for Event (include company name): ______________________________

*Complete the Third Party Vendor Checklist on the next page of this form.

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.

Chapter A

Social Chair (Print) Signature Date

Chapter President (Print) Signature Date

Chapter Advisor (Print) Signature Date

Chapter B

Social Chair (Print) Signature Date

Chapter President (Print) Signature Date

Chapter Advisor (Print) 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
Office of Student Life Secretary

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Third Party Vendor Checklist

Host Chapter A: _________________________  Event Date: _____________________________

Host Chapter B: _________________________

This section to be completed by a Third Party Vendor Representative

Instructions: Please initial next to each criteria stating your acknowledgement.

_____ Properly licensed by the proper authority.
_____ Properly insured with a minimum $1,000,000 of general liability insurance.
_____ All funds for alcohol will be collected by the vendor during the function.
_____ Checking identification upon entry.
_____ Not serving minors.
_____ Not serving individuals who appear to be intoxicated.
_____ Maintaining absolute control of ALL alcoholic service containers present.
_____ Collecting and removing all remaining alcohol at the end of the function.
_____ Ensuring the event is held in private and away from other patrons and the general public (a private bar for alcohol service).
_____ Will not supply any excess alcohol, opened or unopened, at the end of the function to the chapter, chapter members or their guests.
_____ Will comply with all local, state and federal laws.

Third Party Vendor Contact Information

Venue Name: __________________________
Address: ______________________________
Phone Number: _________________________
Main Contact: __________________________
Signature: ______________________________

For Overnight Events – Venue Information

Venue Name: __________________________
Address: ______________________________
Phone Number: _________________________
Main Contact: __________________________
Signature: ______________________________