UNI IFC & Panhellenic Council – Social Notification Form
Event Monitor POST-Event Form

This form must be submitted on the immediate school day following the event.
Ideally, it is submitted along with the Post-Event Guest List.
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/Chapter House (if BYOB): _____________________________________________

Event Monitors
Minimum of 1 Event Monitor for every 15 guests. Event Monitors must meet the following:
- Red Watch Band trained
- Not consume alcohol 12 hours prior to the start of the event
- Not consume alcohol during the event
- Cannot be a new member (in first semester of membership)
- Must be serving voluntarily
- If the event is co-hosted, Event Monitors should represent both chapters evenly

By signing, you acknowledge that you served as an Event Monitor for the event listed above and that you met the criteria for an Event Monitor.

Name     Chapter   Signature
1. _________________________  _________________  ____________________________
2. _________________________  _________________  ____________________________
3. _________________________  _________________  ____________________________
4. _________________________  _________________  ____________________________
5. _________________________  _________________  ____________________________
6. _________________________  _________________  ____________________________
7. _________________________  _________________  ____________________________
8. _________________________  _________________  ____________________________
9. _________________________  _________________  ____________________________
10. _________________________  _________________  ____________________________

*You may attached additional sheets as needed.

Name of Person Submitting this Form:__________________________________________
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