UNI IFC & Panhellenic Council
Social Notification Form
Type A Events with Alcohol – Third Party Vendor

This form must be completed and submitted at least 2 weeks prior to the scheduled event.
A completed pre-event guest list must be submitted at least 2 days prior to the scheduled event.
A completed post-event guest list must be submitted at the immediate school day following the event.
Forms and Guest Lists are to be submitted to the Office of Student Life during regular business hours.

Chapter A: _________________________  Chapter B: _________________________

Date: _____________________________  Time: (from) __________ (to) ___________

Location: ______________________          Capacity of Location:_________________

*Must be an Approved Third Party Vendor

Theme: _______________________   Activities: ________________________________

Transportation for Event (include company name):  ______________________________

Sober Monitors
If more than one chapter is hosting an event together, they should share in this responsibility.
You may attach a list of any additional sober monitors.

Name     Chapter   Signature
_______________________  _________________  ____________________________
_______________________  _________________  ____________________________
_______________________  _________________  ____________________________
_______________________  _________________  ____________________________

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
Third Party Vendor Checklist

Chapter A: _________________________  Chapter B: _________________________

Event Date: _____________________________

**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.

The Third Party Vendor will be responsible for the following:
- _____ 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: _________________________
Event Space Capacity: _________________

**For Overnight Events – Hotel Information**

Hotel Name: __________________________
Address: ______________________________

**Signature of Third Party Vendor Representative**

Date

**Chapter Representative as Witness (Print)**

Title (President or Social Chair Only)

**Chapter Representative as Witness (Sign)**

Date