

**Central Methodist University**  
**Office of Student Development - Greek Life**

**Social Event Planning and Notification Form**

- ✓ This form is required for all student organization events where alcoholic beverages will be consumed.
- ✓ Submit the form to the Office of Student Development at least 5 days prior to the event.
- ✓ Co-sponsored events must be signed by all participating organizations.

Organization: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Contact Phone #: \_\_\_\_\_

Event Name: \_\_\_\_\_ Event Date: \_\_\_\_\_

Time of event: From \_\_\_\_\_ to \_\_\_\_\_ Total anticipated attendance: \_\_\_\_\_

Will any organizations be cosponsoring (or observed as sponsoring) this event?

Co Sponsoring Organization 1: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Contact Phone #: \_\_\_\_\_

Co-Sponsoring Organization 2: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Contact Phone #: \_\_\_\_\_

**Type of event:** (check all that apply)

- Open Party (campus-wide)  Private Party (organization members only)
- BYOB  Third Party Vendor

Provide a brief description of the event **including location:** (Mixer, formal, social, etc.) \_\_\_\_\_

**Alcohol Monitoring:**

Will alcohol be permitted at this event?  Yes  No

What times will alcohol be served during the event? From \_\_\_\_\_ to \_\_\_\_\_

Who will provide beverages?

- BYOB  Licensed vendor (Third Party Vendor)

Who will monitor distribution of the beverages?

- Chapter members of legal age  Professional bartender

(Person distributing alcohol must not consume alcohol before or during the event.)

How will the verification of legal drinking age be accomplished?

- Chapter member at the entrance of the event
- Professional bartender
- Security guard
- Other \_\_\_\_\_

How will those of legal drinking age be identified?

- Wristband
- Non-transferable hand stamp
- ID checked each time
- Other \_\_\_\_\_

What procedures will be taken if any minors are observed drinking? \_\_\_\_\_

**Food and Non-alcoholic Beverages:**

Will ample food (preferable non-salty snacks) and beverages be available?  Yes  No

Who will be providing these items?

- Chapter
- Caterer
- Other \_\_\_\_\_

**Party Monitors**

Please list the names of party monitors and relationship to organization (i.e. member, alumnus, hired professional, etc.). One monitor per twenty guests is required with a minimum of four monitors who must not consume alcohol before or during the event.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Contracts:**

Please note all vendors that will be used and provide copies of all contracts for documentation:

- Food caterer
- Security guards
- Bus or other transportation service
- Licensed Cash Bar/Bartender
- Band/DJ
- Noise permit – Attach copy
- Other \_\_\_\_\_

**Acknowledgment of Responsibility:**

I certify that the information above is accurate to the best of my knowledge. I have read the CMU Greek Manual and CMU Handbook regarding such events and understand my personal responsibility for ensuring compliance with those policies.

Signature of Event Contact: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Chapter President: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Chapter Advisor: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Co-sponsor Contact: \_\_\_\_\_ Date: \_\_\_\_\_  
(Co-sponsoring organizations must submit their own forms with signatures)

Signature of Greek Life Advisor: \_\_\_\_\_ Date: \_\_\_\_\_