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: __________