

Texas State University

Dean of Students – Greek Affairs Office

Alcohol-Free Social Registration Form

(Please print all information except signatures)

Dean of Students-Greek Affairs • LBJ Student Center 4-14.1 • 512-245-JOIN (5646)

FORM MUST BE SUBMITTED AT LEAST ONE WEEK PRIOR TO THE EVENT. MUST BE DATE STAMPED
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Fraternity/Sorority Name(s)	
Date of the Event	
Start & End Time of the Event	
Expected # of people in attendance	
Location of the Event <i>(Include Physical Address of location)</i>	
Primary Contact Person's Name	
Primary Contact Person's Email & Phone Number	
Secondary Contact Person's Name	
Secondary Contact Person's Email & Phone Number	
Who will be checking the guest list?	
Type of Event (Check all that apply)	<input type="checkbox"/> Mixer <input type="checkbox"/> Formal <input type="checkbox"/> Date Party <input type="checkbox"/> Parent/ Alumni <input type="checkbox"/> Recruitment/Intake <input type="checkbox"/> Brother/Sisterhood <input type="checkbox"/> Educational Program <input type="checkbox"/> Other _____
Will Security be used? # of Officers	
What type of food & beverages will be available?	
Is Transportation provided?	<input type="checkbox"/> Cars <input type="checkbox"/> Bus <input type="checkbox"/> Other _____ If Bus, include name of company, pick up, and drop off location(s) including times

By signing below, we understand that the organization(s) listed above as sponsors are responsible for following all applicable University, National Organization, county, state and federal laws.

We understand that it is the responsibility of ALL organization members, especially the officers, to ensure the safety of our members and guests at our event.

We understand that this is an alcohol free event.

We also understand that if it is discovered that any of the sponsoring organizations are not following the appropriate policies, all sponsoring organizations may face university sanctions, including but not limited to organization suspension.

Print Name of President / Email / Phone Number

Signature of President Date

Print Name of Advisor / Email / Phone Number

Signature of Advisor Date

OFFICE USE ONLY:
