

Murray State University
Greek Social Event Policy
Event Registration Form

This registration form must be completed at least five (5) days before the social event will occur.

Organization Name: _____

Event Date: _____

Event Type: (Circle One) **Formal** **Semi Formal** **Social**

Event Location: _____

Example: ZZZ House: 1234 University Lane

Security Guard Name: _____ **Phone:** _____

Entrance Monitors: at least two (2)

*Monitors cannot drink

_____	_____
_____	_____

Exit Monitors: minimum of two (2)

* Monitors cannot drink

_____	_____
_____	_____

Event Monitors: at least three (3) or 10% of the guest list total

* Monitors cannot drink

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

* If two organizations are hosting a joint event, this would require four additional monitors.

President: _____
Print Signature

Social Chair: _____
Print Signature

Non-Alcoholic Beverages Provided: _____

Snacks Provided: _____

Name of Chapter Member delivering form: _____

ADVISOR INFORMATION

As Advisor to _____ (organization name), I approve of
the social event hosted by the above chapter on _____ (date).

Advisor: _____
Print Signature

Date: _____

For Office Use Only		
Fire capacity: _____	Number permitted per social policy: _____	Total permitted: _____
Number of Age Verified bands:		
Number of Under 21 bands:		
Age Verified band color:		
Under 21 band color:		
<div style="border: 1px solid black; width: 80%; margin: 0 auto; padding: 10px;"> <p>Office of Greek Life Stamp Here:</p> </div>		

Please complete and return this form to the
Coordinator of Greek Life and Student Leadership Programs
111 Curris Center
Murray, KY 42071
Phone: (270) 809-6953
Please attach additional pages if necessary.