

Event Reporting Form

(For paired or single events)

KIMMEL LEADERSHIP CENTER	
DATE RECEIVED:	_____
TIME RECEIVED:	_____
RECEIVED BY:	_____

Single Organization Paired Event

★★★This form is due 5 working days prior to the event ★★★

Organizations involved:

❶	❸
❷	❹

Theme/Title of Event: _____

Location of Event: Address: _____ City, State: _____

Date of Event: _____

Time of Event: Start: _____ End: _____

Type of Event: Alumni Parent Single-Date
 Mixer/Paired Social Formal/Semi-formal/Informal

Officers in charge (Two for single org.; one per org. for paired):

❶ Name:	❸ Name:
Office Held:	Office Held:
Phone:	Phone:
❷ Name:	❹ Name:
Office Held:	Office Held:
Phone:	Phone:

Responsible Monitors: (At least 10% of chapter membership or ten (10) members):

Name:	Phone:	Org:	Name:	Phone:	Org:
❶			❻		
❷			❼		
❸			❽		
❹			9		
❺			10		

★★★OVER★★★

ALCOHOL POLICIES

Will alcohol be present during this event? Yes No
Have all hosts read, and do they understand, University, HQ, and Council Alcohol Policies? Yes No
Does the usage of alcohol at this event comply with University, HQ, and Council Alcohol Policies? Yes No
What actions or procedures will be taken if minors are observed drinking alcohol?
Please describe in detail.

SERVICE OF ALCOHOLIC BEVERAGES

Who will provide the alcoholic beverages? Licensed 3rd Party Vendor
 Individual Attendees (BYOB)
 Other, please explain in detail

How will the verification of legal drinking age be accomplished?

BYOB Event: By chapter members at entrance of event By security guard at entrance of event
3rd Party Event: By licensed bartender for each purchase By security guard at entrance of event
Other, please explain in detail:

DRUNK DRIVING PREVENTION

What type of transportation will be provided? Bus
 Taxicab service
 Mass Transportation
 Sober chapter members
 Other, please explain in detail

Will members and guests be required to check their keys at the door? Yes No

If YES, how will this be monitored? Please describe in detail.

All involved organizations must complete this form at the same time and sign below at the same time.

Print Name: _____ Print Name: _____
Signature: _____ Signature: _____
Phone Number: _____ Phone Number: _____
Organization: _____ Organization: _____

Print Name: _____ Print Name: _____
Signature: _____ Signature: _____
Phone Number: _____ Phone Number: _____
Organization: _____ Organization: _____