

Social Event Registration Form

DO NOT HAND THIS IN WITHOUT ALL THE NECESSARY INFORMATION:

THIS INCLUDES THE LIQUOR LICENSE AND THIRD PARTY VENDOR FORMS

Sport Club Submitting Form: _____

Date of Social Function: _____ Day: M T W Th F Sa Su

Type of Function: Philanthropy Awards Banquet Formal

Theme if Applicable: _____

Co-Sponsors (if applicable): _____

Total Number of Invites Distributed: _____ (Please attach a list of all members attending. For a date party, attach a list of members and dates attending.)

Location of Event: _____

Event Time Begin: _____ Event Time End: _____

Organization Contact: _____

Phone Number: _____ Email: _____

Have the following been taken care of (yes or no):

Unsalted snacks _____ Who is responsible for providing the snacks? _____

Wristbands _____ Who is responsible for banding? _____

Safe Rides _____ Who is responsible for Safe Rides? _____

(name of members driving or bus company) _____

*****This must be submitted SEVEN days prior to event or it will not be approved*****