

# City-Wide Black Greek Event Registration

**THIS COMPLETED FORM AND ACCURATE SECURITY PAYMENT MUST BE SUBMITTED TO THE GREEK LIFE OFFICE BY 2:00 PM THE MONDAY PRECEDING YOUR EVENT. PLEASE WRITE LEGIBLY!**

## EVENT INFORMATION

Sponsoring Organization: \_\_\_\_\_ Name of Event: \_\_\_\_\_

Date of Event: \_\_\_\_\_ Start Time of Event: \_\_\_\_\_ End Time of Event: \_\_\_\_\_

Anticipated Attendance at Event: \_\_\_\_\_ Location of Event: \_\_\_\_\_

Space "Set" Instructions: \_\_\_\_\_ Janitorial Arrangements Made by: \_\_\_\_\_

Financial Officer Responsible for Janitorial Costs: \_\_\_\_\_ Cell #: \_\_\_\_\_

Responsible Officer @ Event: \_\_\_\_\_ Position: \_\_\_\_\_ Cell #: \_\_\_\_\_

Responsible Contacts @ Event:

Name: \_\_\_\_\_ Designated Duty/Location: \_\_\_\_\_ Cell #: \_\_\_\_\_

Name: \_\_\_\_\_ Designated Duty/Location: \_\_\_\_\_ Cell #: \_\_\_\_\_

Black Greek Council Event Representative @ Event:

Name: \_\_\_\_\_ Organization: \_\_\_\_\_ Cell #: \_\_\_\_\_

## EVENT MANGAGEMENT

Pre-Event Meeting Location: \_\_\_\_\_ Meeting Time: \_\_\_\_\_

# of Security Guards Needed: \_\_\_\_\_ (Minimum of 4 per event: \$14.00 per guard, per hour)

Location of Guard #1: \_\_\_\_\_ Location of Guard #2: \_\_\_\_\_

Location of Guard #3: \_\_\_\_\_ Location of Guard #4: \_\_\_\_\_

Type of food & non-alcoholic beverages provided: \_\_\_\_\_

Fire Safety: Officer responsible for ensuring all regulations are adhered to: \_\_\_\_\_ cell #: \_\_\_\_\_

Event Ending: Officer responsible for ending event if problems arise or by the designated time: \_\_\_\_\_ cell #: \_\_\_\_\_

Clean up: Officer responsible for outdoor/indoor cleanup after the event: \_\_\_\_\_ cell #: \_\_\_\_\_

## ACKNOWLEDGEMENT OF POLICIES AND PROCEDURES

*I am fully aware of, and understand that it is my organization's responsibility to be in compliance with the following Policies & Procedures pertaining to social events:*

\_\_\_\_\_ Black Greek Event Guidelines for Events at Washington University

\_\_\_\_\_ Greek Event Post Orders

\_\_\_\_\_ National Fraternity/Sorority Risk Management Policies

\_\_\_\_\_ Social Event Fire & Electrical Rules

## CHAPTER OFFICER CERTIFICATION

*By signing below, I certify that the above information is accurate and that policies and procedures will be followed during this event. My fraternity/sorority is responsible for ensuring a safe event for members and guests.*

Individual completing this form

Date

Cell #

President Signature

Date

Cell #

### OFFICE USE ONLY

Date / Time submitted: \_\_\_\_\_ Form received by: \_\_\_\_\_ Form Complete (y/n): \_\_\_\_\_

No Outstanding Financial Balances(s) \_\_\_\_\_ Security Check Number & Amount: \_\_\_\_\_ Event Pre-Registered: \_\_\_\_\_

GLO Staff Member to Attend: \_\_\_\_\_ WUPD Police Officer to Attend: \_\_\_\_\_