

Reminder – Complete Event Registration Forms are due to the Assistant Director of Student Life and Leadership’s (ADSLL) mailbox 48 hours prior to the day of the event. Registration forms for events held on Friday, Saturday or Sunday must be submitted by Wednesday at 4:30 p.m. The Office of Student Life closes at 4:30 p.m. daily. All submitted forms are subject to the approval of the ADSLL. **All forms must be date stamped before the established deadline. Late or incomplete registration forms will not be accepted.**

## Austin Peay State University

### Event Registration Form for: Third-Party Vendor with Alcohol Service

Host Organization: \_\_\_\_\_

Business Name & Location (address): \_\_\_\_\_

Date: \_\_\_/\_\_\_/\_\_\_ Day of the week: M Tu W Th F Sat Sun # of guests expected:

Time: beginning \_\_\_ a.m. p.m. (circle one) Time: ending \_\_\_ a.m. p.m. (circle one)

As sponsored of this event, our student organization agrees to take full responsibility for this event. We have read and understand any national policies, procedures, and guidelines. We have also read and understand applicable federal, state, local and Austin Peay risk management policies regarding alcohol use, and agree to comply with all provisions of these policies. In addition, our organization has respectfully **attached a Guest Registration List** for this event in accordance with the Office of Student and Leadership registration. **As a condition for registration, our organization has supplied a copy of our liability insurance to the Student Life and Leadership office. Our student organization understands that failure to comply with these policies may result in disciplinary actions as outlined in the Austin Peay State University Code of Student Conduct.** In order to remain in good standing with the University, the organization must comply with these guidelines.

#### Person responsible for planning event:

Print Name \_\_\_\_\_ Signature \_\_\_\_\_ Phone # \_\_\_\_\_ Email \_\_\_\_\_ Date \_\_\_\_\_

#### Chapter President:

Print Name \_\_\_\_\_ Signature \_\_\_\_\_ Phone # \_\_\_\_\_ Email \_\_\_\_\_ Date \_\_\_\_\_

#### APSU Chapter Adviser (on campus):

Print Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

#### Vendor Name and Contact Information:

Print Name of Vendor \_\_\_\_\_ Vendor Phone \_\_\_\_\_ Name of Contact at Vendor \_\_\_\_\_

Vendor Address \_\_\_\_\_

Yes, we are hiring outside security for this event.  
**Please list the security company and contact information here:**

#### For Office Use Only

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Valid insurance on file             | <input type="checkbox"/> Valid emergency procedures on file              | <input type="checkbox"/> Guest list attached |
| <input type="checkbox"/> Vendor insurance attached           | <input type="checkbox"/> Vendor licenses attached                        | <input type="checkbox"/> Vendor approved     |
| <input type="checkbox"/> Risk management training attendance | Event approved: <input type="checkbox"/> Yes <input type="checkbox"/> No |  |

Signature of ADSLL: \_\_\_\_\_ Date: \_\_\_\_\_