

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: BYOB Events

Host Organization: _____ **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 sponsors of this event, our organization agrees to take full responsibility for this event. We have read and understand the national FIPG guidelines and related Austin Peay risk management guidelines regarding alcohol use, and agree to comply with all provisions of these policies, including those outlined in the Austin Peay Code of Student Conduct and as directed by the State of Tennessee. **As a condition for registration, our organization has supplied a copy of our liability insurance to the Student Life and Leadership office. We understand that failure to comply with these policies may result in disciplinary actions as outline in the Austin Peay Code of Student Conduct.** In order to remain in good standing with the University, the organization must comply with these guidelines.

Social Chair/Coordinator:

Print Name Signature Phone # Email Date

21-year old Chapter Member:

Print Name Signature Phone # Email Date

Chapter President:

Print Name Signature Phone # Email Date

APSU Chapter Adviser (on campus):

Print Name Signature Date

Sober Members: _____

Sober Bartenders: _____

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

For Office Use Only:

Valid insurance on file Current emergency procedures on file
 Risk management training attendance Approved: Yes No

Signature of ADSLL: _____ **Date:** _____