Reminder – Complete Event Registration Forms are due to the Coordinator of Fraternity & Sorority Affair's (CFSA) 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. Fraternity & Sorority Affairs closes at 4:30 p.m. daily. All submitted forms are subject to the review of the CFSA. **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 Events

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 a sponsor 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 Fraternity & Sorority Affairs registration. **As a condition for registration, our organization has supplied a copy of our liability insurance to the Fraternity & Sorority Affairs 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 Advisor (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 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 □ Guest list attached

□ Vendor insurance attached □ Vendor licenses attached □ Event documentation submitted

□ Risk management training attendance

Signature of CFSA: _____ **Date:** _____