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: 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 a sponsorsof 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 Fraternity & Sorority Affairs 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: _____
(Minimum of 3 or 1 to every 50 guest, whichever is greater)

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 ☐ Event documentation submitted

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