

**Reminder** – Complete Event Registration Forms are due to the Office of Fraternity & Sorority Affairs 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 by the Office of Fraternity & Sorority Affairs. **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:** \_\_\_\_\_ **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 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

**Chapter President:**

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

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

\_\_\_\_\_  
Print Name                      Signature                      Phone #                      Email                      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 Coordinator of Fraternity & Sorority Affairs:** \_\_\_\_\_ **Date:** \_\_\_\_\_