

**G.A.M.M.A**  
**IFC/Panhellenic Student Risk Management Policy at The University of Arizona**  
**Party Registration Form For Events With Alcohol**

All GAMMA events must be registered by 12:00PM the Friday of the week preceding a party. The registration forms are due in the GAMMA event mailbox located in the Center for Student Involvement & Leadership, Rm. 404 in the Student Union.

**Host Information**

Host Chapter: \_\_\_\_\_

Host social chair information: \_\_\_\_\_

Name	Phone	E-mail
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Host president's information: \_\_\_\_\_

Name	Phone	E-mail
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**Additional Sponsors**

<u>Chapter</u>	<u>Social Chair</u>	<u>President Name</u>	<u>President's Phone &amp; Email</u>
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**Event Information**

Theme/Name of Event: \_\_\_\_\_ Date of Event: \_\_\_\_\_ Start & Finish time: \_\_\_\_\_

Location of Event (Place, Address, phone): \_\_\_\_\_

Expected attendance: \_\_\_\_\_ Number of Security Guard Hired (3 minimum): \_\_\_\_\_

Type of Event (Circle):    Date Dash        Two Way        Three Way        Four Way        Other: \_\_\_\_\_

Type of Music (Circle):    D.J.        Band        Name of the band (if applicable): \_\_\_\_\_

Alcohol Policy (Circle):    On Campus BYOB        Off Campus Catering        By whom (if applicable): \_\_\_\_\_

Type of Transportation (for off-campus event): \_\_\_\_\_

Names of Non-Drinking Officers in Charge (please print): \_\_\_\_\_

\_\_\_\_\_

**We understand that this form constitutes party registration and not approval and that the host chapter and other sponsoring chapter(s) are responsible for ensuring compliance with GAMMA, University policies and State Laws.**

**Signature/Date**

Host social chair _____	Date	Host Chapter President _____	Date
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Social chair _____	Date	Chapter President _____	Date
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Social chair _____	Date	Chapter President _____	Date
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Social chair _____	Date	Chapter President _____	Date
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**One chapter advisor from each chapter sponsoring the event must sign this document acknowledging that on behalf of the advising board of the hosting chapter, I am aware that the event described above will take place.**

Name (Printed) _____	Signature _____	Chapter _____	Phone _____
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Name (Printed) _____	Signature _____	Chapter _____	Phone _____
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Name (Printed) _____	Signature _____	Chapter _____	Phone _____
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Name (Printed) _____	Signature _____	Chapter _____	Phone _____
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