For events without alcohol: only pages 1-2 must be submitted five business days prior to the event before 5:00 PM.

For events with alcohol: pages 1-3 must be submitted ten business days prior to the event before 5:00 PM. The final guest list must be submitted at least 48 hours before the event.

*Pages 6 and 7 will be filled out by a university official in the event of a check-in

The chapter does hereby accept full responsibility for the event stated below. In accepting this responsibility, the chapter will make certain that the applicable federal, state, county, city, and University laws and policies, as well as the Local and national/international organization Risk Management Policies and Procedures are enforced. If national/international organization policies are stricter on regulations than those listed below, chapters will be held to the national/international organization standards. The chapter understands that it is required to regulate the behavior of all individuals in attendance during the event. The chapter understands that failure to abide by all terms of this form and all event policies and regulations may result in disciplinary action. The chapter understands that hosting/participating in this event without full completion of this form and emailed confirmation by its respective governing council is a violation of the Relationship Agreement.

*Events that need an Event Registration Form: subject to change

- Closed parties, open parties, chapter retreats, tailgates, alumni events, formals/in-formals, exchanges/socials, recruitment events, any event where alcohol will be present, any pre-planned event not including internal brotherhood/sisterhood events, university sponsored workshops, ritual, chapter meetings, or if an event is taking place in the Taggart Student Center (TSC).

I. EVENT INFORMATION

1. Chapter Name: __________________________ 2. Co-Sponsoring/Participating Chapter(s): __________________________


(Must be registered at least ten business prior if alcohol is involved, five business days for dry events.)

☐ Check: if this is a re-occurring event

6. Theme: ____________________________________________________________________________

7. General Event Description:

II. LOCATION

1. ☐ Chapter Facility ☐ Private Residence ☐ Recreational (retreat, camping trip, etc.) ☐ Event Venue ☐ Other

2. Name of Location: __________________________________________________________________

3. Address of Location: __________________________________________________________________

4. On Site Contact (for the event): __________________________________________________________________

5. Number of Chapter Members/New Members: _________ Number of Alumni Attending: _________
Number of Guests of Chapter Members/New Members: _________
III. CONTACT INFORMATION

(Events with alcohol are required to have at least two members designated as the points of contact for the event, these members must be completely sober for the entirety of the event.)

1. Chapter President Name       Phone       Email       Signature

2. Risk Manager Name            Phone       Email       Signature

3. Person Responsible for the Event       Phone       Email       Signature

4. Other Responsible Person (if needed)       Phone       Email       Signature

5. Chapter Advisor       Phone       Signature       Date

6. Please indicate which two individuals will be sober the entirety of the event (if applicable):
   a. ________________________________
   b. ________________________________

7. Transportation to and from the Event (Select all that apply)  □ N/A  □ Buses  □ Private Vehicles

8. List any and all steps you will take to mitigate the risk of this event beyond your standard national and local policies:

9. Please provide any additional information about this event that you would like to disclose:

------------------------------------------------------------------------------------------

FOR OFFICE USE ONLY

Status: Satisfactory □  Unsatisfactory □  Fail □

Comments:

Additional Notes:

Signatures:

_________________________________________       Date: ________________________

_________________________________________       Date: ________________________
ADDITIONAL INFORMATION FOR EVENTS WITH ALCOHOL
(To be completed after consulting with the Fraternity/Sorority Life Advisor)

IV. HEALTH AND SAFETY INFORMATION

1. The following alternative non-alcoholic beverages will be provided to guests:

__________________________________________________________________________________________________
__________________________________________________________________________________________________

2. The following non-salty foods will be provided to guests:

__________________________________________________________________________________________________
__________________________________________________________________________________________________

3. The following system will be used to verify the event attendees on the guest list, and to verify 21+ attendees:
   (Guest list must be turned in at least 48 hours before the event. Note: the guest to active/new member ratio should not exceed 2:1)

__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________

4. Type of Entertainment Provided at the Event:
   (DJ, Band, Dancing, Games, etc.)

__________________________________________________________________________________________________
__________________________________________________________________________________________________

5. Please provide any additional information about this event you feel is pertinent:

__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________
COVID-19 EVENT/ACTIVITY POLICIES AND EXPECTATIONS

In light of the COVID-19 pandemic, all student organizations are asked to abide by temporary policies in place to mitigate the risk of spreading COVID-19.

https://www.usu.edu/covid-19/staying-healthy/prevention

By hosting this event/activity, your organization is agreeing to uphold the four principles of prevention:

1. **Mask Up!**
   a. At your event/activity, it is expected that all attendees wear a face covering when social distancing cannot be maintained.
   b. This aligns with the new USU policy that requires everyone to wear a face covering or disposable mask in all university buildings and vehicles, and outside anytime you cannot practice social distancing.

2. **Practice Social Distancing**
   a. Put 6 feet of distance between all participants to allow for this social distancing. In addition, avoid hugging and kissing, shaking hands, and high fives from those attending.
   b. COVID-19 is thought to mainly spread from one individual to another through respiratory droplets when an infected individual coughs or sneezes. The best way to avoid spreading the disease, even if you or others are not showing symptoms, is to avoid close contact with others.

3. **Stay Home When You are Sick**
   a. Most individuals who contract COVID-19 experience only mild symptoms. Please stay home if you are ill. Do not attend classes, go to work, or attend any social events. This protects the entire community, particularly those who are at a higher risk of complications from the disease.
   b. It is expected that you are asking symptom questions as participants arrive for the event/activity.
   c. The Utah Department of Health recommends anyone with even one of these symptoms get tested:
      i. Fever
      ii. Cough
      iii. Shortness of breath
      iv. Sore throat
      v. Muscle aches and chills
      vi. Decreased sense of smell or taste

4. **Clean and Disinfect Often**
   a. Please encourage your members to wash their hands often with soap and water for at least 20 seconds, especially after going to the bathroom; before eating; and after blowing your nose, coughing, or sneezing. If soap and water are not available, have hand sanitizer that contains at least 60% alcohol available.
   b. At your event or activity, you are expected to wipe down all surfaces before and after the event/activity.
   c. Clean and disinfect frequently touched surfaces every day, particularly if they are dirty. Most common EPA-approved household disinfectants will work.
By signing this form, I hereby agree to follow and enforce the above policies and expectations of hosting this off-campus event or activity.

<table>
<thead>
<tr>
<th>1. Chapter President Name</th>
<th>Phone</th>
<th>Email</th>
<th>Signature</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>2. Officer Overseeing the Event/Activity Name</th>
<th>Phone</th>
<th>Email</th>
<th>Signature</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>3. * Advisor Name</th>
<th>Phone</th>
<th>Email</th>
<th>Signature</th>
</tr>
</thead>
</table>

4. If different than the above advisor signature, please list the advisor who will be present at the event/activity

*Advisor Name | Phone | Email |

*If the advisor signs this form, it is required that either they or another chapter advisor attends the event/activity to uphold the above principles. If the advisor does not sign the form, then the chapter is assuming all risk and liability associated with this event/activity if a COVID-19 outbreak were to happen and was tied to the gathering.

If your event/activity is happening **on campus** and does **not** require a submission of this form (see pg. 1) then you will need to fill out the appropriate form: [https://www.usu.edu/student-affairs/events-procedures](https://www.usu.edu/student-affairs/events-procedures)
## Event Name:

University Fiduciary Official (UFO) #1: _______________  University Fiduciary Official #2: _______________

Start Time: ______  End Time: ______

### I. EVENT INFORMATION

1. Chapter Name: Verified  □ Initials: _____  _____

2. Co-Sponsoring/Participating Chapter(s): Verified  □ Initials: _____  _____  □ N/A

3. Date of Event:  
4. Start Time:  
5. End Time:  
(Must be registered at least ten business prior if alcohol is involved, five business days for dry events.)

Comments:

6. Theme: Verified  □ Initials: _____  _____

7. General Event Description: Verified  □ Initials: _____  _____

Comments:

### II. LOCATION

1.  □ Chapter Facility  □ Private Residence  □ Recreational (retreat, camping trip, etc.)  □ Event Venue  □ Other

2. Name of Location: Verified  □ Initials: _____  _____

3. Address of Location: Verified  □ Initials: _____  _____

4. On Site Contact (for the event): Verified  □ Initials: _____  _____

5. Number of Chapter Members/New Members: _________  Number of Alumni Attending: ________  Number of Guests of Chapter Members/New Members: ________

-----------------------------------------------------------------------------------------------------------------------------

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Status: Satisfactory  □ Unsatisfactory  □ Fail  □

Comments:

Signatures:

__________________________________________  Date: ________________________

__________________________________________  Date: ________________________
### III. CONTACT INFORMATION

6. Two sober monitors were identified and upheld the responsibilities of their role:
   - [ ] Satisfactory
   - [ ] Unsatisfactory
   - [ ] Failed

   Comments:

### IV. HEALTH AND SAFETY INFORMATION

1. Non-alcoholic beverages were available:
   - [ ] Satisfactory
   - [ ] Unsatisfactory
   - [ ] Failed

   Comments:

2. Non-salty foods were available:
   - [ ] Satisfactory
   - [ ] Unsatisfactory
   - [ ] Failed

   Comments:

3. There was a system in place used to verify attendees who are 21+ years of age:
   - [ ] Satisfactory
   - [ ] Unsatisfactory
   - [ ] Failed

   Comments:

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FOR OFFICE USE ONLY

Status:  
- [ ] Satisfactory
- [ ] Unsatisfactory
- [ ] Fail

Comments:

Additional Notes:

Signatures:

_____________________________  Date: ______________________

_____________________________  Date: ______________________