Office of Sorority & Fraternity Life
Event Planning & Notification Form

Submit form and guest list to GC 2240 at least 3 business days prior to event.

Host Organization: _____ Event Organizer: _____

Event Name: _____

E-mail: _____ Cell: _____

Type of Event: □ Brotherhood/Sisterhood □ Fundraiser □ Philanthropy

□ Recruitment □ Service □ Social □ Other _____

Date: _____ Start Time: _____ End Time: _____

Location: _____

Expected Total Attendance (including chapter members & guests): _____

Co-Hosts (each organization must complete a separate form) and a contact name/number:

Organization *Name* *Number*

_____

_____

Are you charging admission for this event? **Yes** **No** **Amount:** _____

***You cannot charge for events with alcohol**

Has Public Safety been informed of this event? **Yes** **No**

Will there be alcohol at this event? **Yes** ***No***

If yes, complete and attach Risk Reduction Form (RRF) event will not be approved without the RRF

****available online at www.fiu.edu/~greeks or the Campus Life Office GC 2240***

Do you want the OSFL to publish the event on the online calendar? □ **Yes** □ **No**
(*Note: If the event includes alcohol, it will not be published online.)

Event Description: _____

_____

_____

_____

_____

Contact Person for Online Calendar: _____

Telephone: _____ **E-mail:** _____

Signatures:

_____ _____
Chapter President Date *Chapter Advisor* Date

_____ _____
Event Coordinator Date *One Sober Monitor* Date

_____

For Office Use Only
Date Received: _____ Date Online: _____
Approved: _____