

NOVA SOUTHEASTERN UNIVERSITY

GREEK SOCIAL REGISTRATION FORM

(Please print each response!)

Organization(s) sponsoring the event: (If co-sponsored both organizations are required to complete a registration form.)

Name & Telephone Number of event chair(s)/coordinator(s):

Type of Event: (Circle ONE) SOCIAL PARTY FORMAL DATE FUNCTION

Theme/Purpose: _____

Place of Event: _____

(Provide complete address if event is not on Nova's main campus.)

Time of Event: _____ Date of Event: _____

Attendance Expected: _____

(Maximum attendance allowed is 3(X) times your membership!)

Alcohol Distribution System to be used: (Circle ONE) NO Alcohol Cash Bar w/ (3rd Party Vendor) BYOB

I certify that I have read, comprehend and will adhere to all applicable local, state, federal, University and Greek policies.

President of Sponsoring Organization

Co-Sponsoring Organization President

Co-Sponsoring Organization President

Co-Sponsoring Organization President

Advisor of Sponsoring Organization

Advisor of CO-Sponsoring Organization

Advisor of CO-Sponsoring Organization

Advisor of CO-Sponsoring Organization

THIS FORM MUST BE COMPLETED AND RETURNED TO THE GREEK OFFICE (ROOM 204), IN THE ROSENTHAL STUDENT CENTER AT LEAST 72 HOURS PRIOR TO THE EVENT. A TYPED, ACCURATE GUEST LIST MUST BE TURNED IN TO THE GREEK OFFICE 48 HOURS PRIOR TO THE FUNCTION, AND THE SIGNED GUEST LIST MUST BE TURNED IN THE FIRST SCHOOL DAY AFTER THE FUNCTION.

FOR OFFICE USE ONLY

Approved by: _____