

Southern Methodist University

Social Event Registration Form (Additional Groups Addendum)

BASIC INFORMATION

Name of Event: _____ Event Date: _____

Organization(s): _____

Names and Titles of Student Planners *(Please provide one student planner per organization.)*

#3: _____ Email: _____ Phone: _____

#4: _____ Email: _____ Phone: _____

SIGNATURES

I, the undersigned, do hereby state that the information is true and accurate. My organization, its members, and guests will conduct this activity in compliance with the Student Code of Conduct, the SMU Social Event Registration Policy, and with all local, state, and federal laws.

Organization 3: _____

President Name: _____ Email: _____

Signature: _____ Date: _____

Advisor Name: _____ Email: _____

Signature: _____ Date: _____

Organization 4: _____

President Name: _____ Email: _____

Signature: _____ Date: _____

Advisor Name: _____ Email: _____

Signature: _____ Date: _____