

# Southern Methodist University

This form is due 7 business days before your event.

## Social Event Registration Form (Events with alcohol or off-campus)

### BASIC INFORMATION

Name of Event: \_\_\_\_\_ Event Type: \_\_\_\_\_

Theme: \_\_\_\_\_ *If your event has a theme, please also submit a Theme Party Addendum*

Organization(s): \_\_\_\_\_

*Please submit one form per event. Organizations do not have to submit separate forms for a co-sponsored event.*

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

#1: \_\_\_\_\_ Email: \_\_\_\_\_ Phone: \_\_\_\_\_

#2: \_\_\_\_\_ Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Date: \_\_\_\_\_ Day: Sun Mon Tues Wed Thurs Fri Sat Start time: \_\_\_\_\_ End time: \_\_\_\_\_

### LOCATION

Venue: \_\_\_\_\_ Inclement weather location: \_\_\_\_\_

Venue Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**Is your venue an SMU Partner Establishment?**

Yes  No

**Will the venue be closed to the public?**

Yes  No

*Off-campus venues must either be closed to outside guests or provide an area which can be closed off for the event. If you answered "no," on a separate page, please provide a detailed plan on how you will ensure the event is a private function.*

**Will alcoholic beverages be available for purchase or consumption?**

Yes  No

*If yes, provide a description of all food and non-alcoholic beverages available:*

*At any event where alcohol may be purchased or consumed, food and non-alcoholic beverages must be readily available.*

**Estimated Attendance:** \_\_\_\_\_ **Number of members in Organization(s):** \_\_\_\_\_

*Attendance may not exceed the capacity of the venue. Attendance at off-campus events and/or events where alcohol may be purchased or consumed is limited to the number of members of the organization and no more than three guests per member (in accordance with the organization's risk management policy).*

### TRANSPORTATION

*Buses provided for an off-campus event must be from a licensed transportation company. Organizations are required to provide proof of insurance along with the registration form. Please submit a copy of the bus route.*

**Please indicate what form of transportation will be used:**

**Buses**

Name of Company: \_\_\_\_\_ Driver name and phone: \_\_\_\_\_

How many buses have been hired? \_\_\_\_\_

Buses begin loading at \_\_\_\_\_ AM / PM and end loading at \_\_\_\_\_ AM / PM

**Personal Vehicles**

If carpooling, do individuals have car insurance?  Yes  No

Does national organization require personal liability forms?  Yes  No

**University Vehicle**

Are the drivers licensed and certified to drive a University Vehicle?  Yes  No

**None** - The venue is within walking distance of the SMU Campus.

## SECURITY

Security officers must be present to assist in loading buses.

Security Company Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

How many officers have been hired? \_\_\_\_\_ Location of officers: \_\_\_\_\_

The number of security officers should be equal to the number of buses plus one.

Security Officers' Duties: \_\_\_\_\_

If security officers are not hired by your organization to work at the venue, the venue must provide security and include their plan on the Venue Safety Addendum.

## ATTACHMENTS

Please attach copies of all contracts for the event as well as required information for transportation companies and non-partner establishments. These attachments should be clearly marked with the name of your organization and the name and date of the event. The attachments should be turned in by the last working Thursday prior to your event for review by the Social Event Registration Committee.

Required Attachments include the following:

Event Monitor Addendum\*

Theme Party Addendum\*

Additional Groups Addendum\*

Bus Company Certificate of Insurance

Bus Route

Venue Certificate of Insurance

Venue Liquor License

Venue Floor Plan

Venue Security Addendum\*

Guest List

\* Form provided by SERC and available online.

## SIGNATURES

I, the undersigned, do hereby state that the information provided 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 #1: \_\_\_\_\_

President Name: \_\_\_\_\_ Email: \_\_\_\_\_

President Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Advisor Name: \_\_\_\_\_ Email: \_\_\_\_\_

Advisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Organization #2: \_\_\_\_\_

President Name: \_\_\_\_\_ Email: \_\_\_\_\_

President Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Advisor Name: \_\_\_\_\_ Email: \_\_\_\_\_

Advisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

More than two groups sponsoring this event? Please submit an Additional Groups Addendum.