

# Southern Methodist University

## Social Event Registration Form (Events on campus)

This form is due by 1:00 PM  
on the Thursday  
before your event.

### BASIC INFORMATION

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

Theme: \_\_\_\_\_ *If your event has a theme, please also submit a Theme Information Form.*

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

*All events registered on campus are alcohol-free.*

Estimated attendance: \_\_\_\_\_ Number of members in organization: \_\_\_\_\_

*Attendance may not exceed the capacity of the venue.*

### SERC POINTS

*Student organizations may earn SERC points by hosting events that are on campus and open to the SMU community. The events must be advertised or publicized to the SMU community in some way.*

Is your organization requesting to earn points for this event?  Yes  No

Is this event open to the SMU community?  Yes  No

Please describe how you advertised this event: \_\_\_\_\_

### EVENTS IN CAMPUS HOUSING

Please describe your decoration plan for this event: \_\_\_\_\_

*If no decorations are being used no signature is required from Residence Life & Student Housing.*

Associate Director of Facilities \_\_\_\_\_ Date: \_\_\_\_\_

### 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 1: \_\_\_\_\_

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

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

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

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

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

*More than two organizations co-sponsoring this event? Please submit an Additional Groups Addendum.*