

Function Registration Form

This form is to be filled out for all functions (as defined in Section XIV Article 2, of the IFC and PHC Risk Management Policy) and turned in three business days, before the scheduled function in the IFC/PHC office, CMU 226C, or electronically. Each chapter participating in the function must fill out and submit their own form. The form must be signed and dated by a representative from the IFC or PHC. The form must be filled out completely. If not, the function will not be approved and signed in the office. Failure to turn this form in on time will result in sanctions as outlined in Section XIV Article 3 of the IFC and PHC Risk Management Policy.

This function is: WET DRY
Your Chapter: _____
Hosting Chapter: _____ Location: _____
Type of Function: _____
Other Participating Chapters: _____
Date: _____ Start Time: _____ End Time: _____

Please fill out the following information for your chapter only. All blanks must be filled out. All wet functions must have a minimum of seven (7) non-drinking persons from host chapter with an additional four (4) members from each co-sponsoring chapter. All dry functions must have a minimum of two (2) door monitors from the each participating chapter. Please list the names of the sober members your chapter will provide.

Door Monitor(s): _____

Sober Patrol: _____

Designated Driver(s): _____

Does your chapter provide a bartender? YES NO
If yes, name of bartender: _____

Sober Executive member: _____
Additional sober members: _____

Chapter officer submitting form: _____
IFC Representative: _____
Date form received in IFC office/electronically _____
Time: _____