Sam Houston State University Interfraternity Council
Risk Management and Event Notification Form

Event Sponsor: ____________________________ Event Contact Person: ____________________________

Event Contact Person’s Phone Number & Email: ____________________________________________

Event Location & Address: ________________________________________________________________

Event Location Contact Person & Phone Number: ____________________________________________

A copy of the SIGNED CONTRACT must be attached.

Nature of Event (bid day, mixer, etc): ____________________________ Date of Event: ________________

Event beginning time: ____________________________ Event ending time: ____________________________

Co-Sponsoring Organization(s): ____________________________________________________________
(If more than one, list all information on the back of this page.)

Event Co-Sponsor Contact Person: __________________________________________________________

Event Co-Sponsor’s Phone Number & Email: ________________________________________________

Number of people attending the event: ________ A complete GUEST LIST must be attached.

The following are the sole responsibility of the event’s sponsor(s):

<table>
<thead>
<tr>
<th>ITEM</th>
<th>YES we took care of it</th>
<th>NO we don’t need it</th>
</tr>
</thead>
<tbody>
<tr>
<td>Security guards and/or bouncers:</td>
<td></td>
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<tr>
<td>Reservations with location:</td>
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<tr>
<td>Event Invitations:</td>
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<td>Event Wristbands:</td>
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<tr>
<td>Event must be CLOSED to the public:</td>
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<tr>
<td>Number of Designated Drivers:</td>
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</table>

By signing this form, you are stating that your fraternity has read, understands, and agrees to comply with your National/International Fraternity’s and Sam Houston State University’s Risk Management Policies.

______________________________________________ Printed Name ____________________________ Date ____________
Signature of President

______________________________________________ Printed Name ____________________________ Date ____________
Signature of Social Chair

______________________________________________ Printed Name ____________________________ Date ____________
Signature of Risk Management

This form must be turned into Student Activities no later than seven (7) days prior to the event. Failure to do so in a timely manner will result in penalties determined by the appropriate judicial body. If you have any questions, please contact Jason Gomez at 936-294-3465 or jpgomez@shsu.edu.

Office Use Only

______________________________________________ Date Received ____________________________
Signature of Interfraternity Council Advisor