

Sam Houston State University Panhellenic Association 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):

ITEM	YES we took care of it	NO we don't need it
Security guards and/or bouncers:	_____	_____
Reservations with location:	_____	_____
Event Invitations:	_____	_____
Event Wristbands:	_____	_____
Event must be CLOSED to the public.	_____	_____
Number of Designated Drivers:	_____	_____

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

Signature of President	Printed Name	Date
Signature of Social Chair	Printed Name	Date
Signature of Risk Management	Printed Name	Date

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 Leah Winfield at 936-294-1761 or leahw@shsu.edu.

Office Use Only

Signature of Panhellenic Association Advisor	Date Received
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