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):

<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>
<td></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 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 ____________