Iowa State Multicultural Greek Council

Form Y – Alcohol Event Approval

Alcohol at events poses a significant risk to an event and its attendees. All Greek organizations are expected to take proper precautions when planning events where alcohol may be present. To help ensure transparency of the event, please submit a digital copy of this form and any questions or comments via email to evp.mgciastate@gmail.com no fewer than 14 days before the event. This form should be submitted with its corresponding Form X.

Event and Vender Information

|  |  |
| --- | --- |
| **Organization Name(s):**Click here to enter name(s). | **Name of Event:**Click here to enter event name. |
| **Venue Address:**Click here to enter text.Click here to enter text.Click here to enter text. | **Venue Contact Name:** Click here to enter text.**Venue Contact Email:** Click here to enter text.**Venue Contact Phone:** Click here to enter text. |
| **Food Provided by Organization (if any):**Click here to enter text. | **Drinks Provided by Organization (if any):**Click here to enter text. |
| **Entertainment or Activity Description:**Click here to enter text. |

Event Authorization Factors

**Will any of the following be present? Yes No**

Individuals under the age of 21 [ ]  [ ]

Iowa State Faculty or Staff [ ]  [ ]

**Number of Members Present:** Click here.

**Number of Non-Members Present:** Click here.

**Who is providing alcohol at the event:** Click here.

**Restrictions on types of alcohol:** Click here.

Leadership Contact Information

|  |  |
| --- | --- |
| **Organization President** | **Event Organizer** |
| **Name:** Click here to enter text.**Email:** Click here to enter text. | **Name:** Click here to enter text.**Email:** Click here to enter text. |

Sober Monitors

Sober monitors are responsible for ensuring risk management policies are being followed and are to not consume any alcohol. It is suggested that you have 1 sober monitor per 15 guests.

|  |  |  |
| --- | --- | --- |
| **Monitor 1** | **Monitor 2** | **Monitor 3** |
| **Name:** Click here to enter text.**Email:** Click here to enter text.  | **Name:** Click here to enter text.**Email:** Click here to enter text. | **Name:** Click here to enter text.**Email:** Click here to enter text. |

Acknowledgement

The organization does hereby accept full responsibility for the event stated above. In accepting this responsibility, the organization will make certain that all State and City laws, University Alcohol Policies and Guidelines, as well as their (inter)national organization’s policies are enforced.

The organization understands that the organization is required to regulate the behavior of all individuals at the event. The organization agrees that upon direction of the Events Review Board, Greek Affairs, or University Official the Organization will immediately close the event.

Finally, the organization understands that failure to abide by all stipulations of this agreement may be grounds for closing the event and potential judicial action.

The organization understands that an organization cannot host this event without having the event approved by The Events Review Board.

President’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Event Organizer’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Events Review Board Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Review Date: \_\_\_\_\_\_\_\_\_\_\_\_ Approval Date: \_\_\_\_\_\_\_\_\_\_\_\_