

Collegiate Panhellenic and Interfraternity Council

Form "C"

Dry Third Party Vendor Events

****ALL PARTICIPATING CHAPTERS MUST COMPLETE THIS FORM****
~FORM & ALL REQUIRED INFORMATION DUE TUESDAY BEFORE THE EVENT @ 5:00PM~

Chapter Name: _____ **Date of Event:** _____

Going to be held in Conjunction with another Chapter: Yes No **If yes, with whom:** _____

Description of Event: _____ **Event Location:** _____

Phone Number: _____ **Address (street, city, state):** _____

Time of Event: Begins _____ Concludes: _____

Number of Members to be Present: _____ **Number of Guests:** _____ **Total Attendees:** _____

Entertainment Description: _____

This form is intended to fulfill three goals.

- 1) To inform the Collegiate Panhellenic and Interfraternity Councils about activities within the Greek Community.
- 2) To compile statistics on the percentage of dry events the Greek Community holds in relation to events where alcohol is present
- 3) To compile a list of successful dry events for distribution to the fraternities and sororities at Iowa State University.

The chapter does hereby accept full responsibility for the event stated above. In accepting this responsibility, the chapter will make certain that all State and City laws, University Alcohol Policies and Guidelines, as well as national fraternity policies are enforced. The chapter understands that the chapter is required to regulate the behavior of all individuals at the event. The chapter agrees that upon direction of the Events Review Board, Greek Affairs Coordinator, or University Official, the chapter will immediately close the event. Finally, the chapter understands that failure to abide by all stipulations of this agreement and The Events Policy may be grounds for closing the event and potential disciplinary action. The chapter understands that a chapter cannot host this event without having the event approved by The Events Review Board.

By signing this form, the social chair and president vouch that there will be no alcohol present at this event.

Social Chair's Signature: _____ **Date:** _____

President's Signature: _____ **Date:** _____

ERB Date: _____ **Passed:** _____

Revised: 02/20/08

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****Completing this form does not guarantee approval of the event by events review board. Therefore it is suggested that all forms be completed before deposits are made on food, transportation, hotel, etc. ****

This contract is between the _____ Chapter at Iowa State University
(Name of Chapter)

and _____, on the _____ day of _____, _____.
(Name of Vendor) (Day) (Month) (Year)

The purpose of this agreement is for the Chapter to use a licensed vendor for providing services at a social event that is in full compliance with applicable laws and regulations of the federal government, state, county, city and Iowa State University.

The date of the social event is: _____.

The location of the social event is: _____.

The Chapter agrees that it shall:

1. Follow the Panhellenic and Interfraternity Council Events Policy and the ISU Student Disciplinary Regulations while in attendance at this social event.
2. Provide a copy of the Panhellenic and Interfraternity Council Events Policy to the Vendor.
3. Ensure that no patrons other than members and guests of the Chapter are present during this event.
4. Provide adequate supervision at the event.
5. Provide safe transportation to all patrons of the event and not permit intoxicated patrons to drive a vehicle to or from the event.
6. Promptly pay Vendor for all monies due for the services provided.
7. Ensure that no alcohol will be brought into the event by members or guests of the Chapter.
8. Ensure that Chapter members and guests of the Chapter will arrive and remain sober for the duration of the event.

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In consideration of providing services to the event, the Vendor agrees that it shall:

1. Be insured with a **minimum** of \$1,000,000 of general liability insurance (combined single limit per occurrence for bodily injury including death, personal injury, and property damage). Provide to the Chapter a properly completed original "Certificate of Insurance" prepared by the insurance provider.

The certificate of insurance **must** also name, as additional insureds, the local chapter of Iowa State University, the housing corporation of the Chapter, the national body of the fraternity, State of Iowa, Board of Regents (State of Iowa) and Iowa State University and shall provide 30 days notice of cancellation or material change of coverage to the certificate holders.

2. Assume responsibility of:
 - a. Making sure that no alcohol enters the location of this event.
 - b. Remove all alcohol from the premises prior to the start of the event.
3. Ensure that no patrons other than members and guests of this Chapter are present during this event.

IN consideration of the above mutual promises, the parties have signed this Third Party Vendor Contract on the date indicated by the signature.

Chapter President's Signature
Chapter: _____
Address: _____
Phone: _____

Date

Social Chair's Signature
Chapter: _____
Address: _____
Phone: _____

Date

Vendor's Signature
Name of Company: _____
Address: _____
Phone: _____

Date

*****All vendors MUST agree to all of the above terms. If they do not agree they are NOT in compliance with Iowa State University, CPC/IFC policy. Please immediately contact the CPC/IFC Risk Management Chairs*****