

Collegiate Panhellenic and Interfraternity Council

Form "D"

For Non Third Party Vendor Dry 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