Iowa State University Interfraternity Council

Form “T”

For Organizational Tailgating/Pre-Athletic Event Activities

~PLEASE SUBMIT A HARD COPY TWO (2) WEEKS PRIOR TO EVENT~

Chapter Name: ___________________ Date of Event: ___________________

Going to be held in Conjunction with another Chapter (YES or NO) If Yes, with whom: ___________________

Event Location (Lot Name, Number, Address): _________________________________

Time Event Begins: __________ Concludes: __________

Expected Number of Total Attendees: ____________ (*No More than 500 Total Attendees)

Section One: General Event Information

Event Description (What is the purpose of this event and describe in detail what is going on at the event?) (i.e. Alumni Event)

____________________________________________________________________________________________________________

____________________________________________________________________________________________________________

____________________________________________________________________________________________________________

____________________________________________________________________________________________________________

What is the Physical Set-Up of the Event (vehicle lot, bus, tent, adjoining lots, etc.)

____________________________________________________________________________________________________________

____________________________________________________________________________________________________________

What Food(s) will the Chapter/Alumni be providing during the Event & How will it be prepared/served?

____________________________________________________________________________________________________________

____________________________________________________________________________________________________________

____________________________________________________________________________________________________________

____________________________________________________________________________________________________________

What Alternative/Non-Alcoholic Beverages will the Chapter/Alumni be providing during the Event & How will they be provided?

____________________________________________________________________________________________________________

____________________________________________________________________________________________________________

____________________________________________________________________________________________________________
Section Two: Risk Prevention Procedures

Will the Chapter be providing Transportation for the Event (YES or NO)?
If Yes, what Type of Transportation is It (i.e. bus, chapter member vehicles)? __________________________________________

Number of Event Monitors: _________ (*Must have a MINIMUM of five (5) Event Monitors)

Please List the Names of these Monitors Below:

1. ___________________________
2. ___________________________
3. ___________________________
4. ___________________________
5. ___________________________

Additional Monitors:
_____________________________________________________________________________________

How will the Event Monitors be Identified during the Event?
_____________________________________________________________________________________

Describe, in detail, the Duties and Obligations of the Event Monitors during the Event:
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

How is any potential alcohol being controlled, managed, and supervised to prevent overconsumption, underage consumption, or alcohol leaving the property OR designated area?
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________


What is the plan to control the perimeter/crowd during the event so that it is kept within your designated area? How is the “designated area” going to be communicated to Guests?

____________________________________________________________________________________________________________
____________________________________________________________________________________________________________
____________________________________________________________________________________________________________
____________________________________________________________________________________________________________
____________________________________________________________________________________________________________

Section Three: Guidelines and Agreement

By checking/marking the boxes below, as well as signing at the bottom of the page, the chapter is hereby acknowledging that the content submitted on the form is accurate and honest. The chapter is hereby acknowledging the statements listed below and agreeing to abide by the terms and expectations.

☐ The chapter does hereby accept full responsibility for the event stated above on page one. In accepting this responsibility, the chapter will make certain that all State & City laws, University Alcohol Policies and Guidelines, University Student Disciplinary Regulations, Iowa State Interfraternity Council Expectations, Fraternal Information & Programming Group (FIPG) policies, as well as National Fraternity policies are followed and enforced. The chapter understands that it is required to regulate the behavior of all individuals (including guests) at the event and all actions that occur during it.

☐ The chapter understands that failure to abide by all stipulations of this agreement may be grounds for closing the event and potential disciplinary action through the Iowa State Interfraternity Council and/or The Office of Student Conduct.

☐ The chapter understands and agrees to abide by the Iowa State Athletics Department tailgating policies and expectations of the given lot/location where the event is being held. https://www.sac.iastate.edu/eventauthorization/terms-and-conditions/

Chapter President Name (Printed): ________________________________
Chapter President ISU Email: _____________________________
Chapter President Cell Phone Number: _________________________
Chapter President Signature: __________________ Date: _________

Chapter Risk Management Chair Name (Printed): ________________________________
Chapter Risk Management Chair ISU Email: _____________________________
Chapter Risk Management Chair Cell Phone Number: _________________________
Chapter Risk Management Chair Signature: __________________ Date: _________

Person Filling Out Form Name (Printed): ________________________________
Person Filling Out Form ISU Email: _____________________________
Person Filling Out Form Cell Phone Number: _________________________
Person Filling Out Form Signature: __________________ Date: _________

~Please Turn in Completed Form to IFC VP of Risk Prevention Mailbox in The Office of Greek Affairs Two (2) Weeks Prior to The Event~

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