



Sigma Nu – Special Event Request

Chapter Name: _____
 Chapter Commander: _____
 Phone: _____ Email: _____
 Purpose of Event: _____
 Location of Event: _____
 Location Address: _____
 City, State, Zip: _____
 Date and Time of Event: _____

Event Details:

Type of Event and Description: _____

Athletic Event? Yes No If yes, waivers are need for each participant.

Administration:

1. Event Chairman: _____
2. Phone: _____ Email: _____
3. Is there a co-sponsor? Yes No If yes, who? _____
4. Is a sorority involved in planning or working the event? Yes No
 If yes, name of sorority and person in charge: _____
 Does the sorority have insurance? _____
5. Planned Attendance: _____
6. Estimated Attendance: _____
7. Will there be a special construction, alterations or decorations for this event? Yes No
 If yes, explain: _____

8. Has this event been held in the past? Yes No How many times? _____
9. Have there been any previous claims? Yes No If yes, explain: _____

10. Will alcoholic beverages be permitted? Yes No If yes, refer to "Alcohol" section.
11. Who is responsible for security? _____



Alcohol:

- 1. Are security personnel, monitors, bar workers and/or vendors trained on how to deal with intoxicated guests and members? Yes No
- 2. Are wrist bands or other methods provided for designating those who are not of legal drinking age? Yes No
- 3. Are all who are allowed to enter presenting I.D.? Yes No
- 4. Are those bringing alcoholic beverages given a punch card showing alcoholic quantity and type of beverage? Yes No
- 5. Will intoxicated guest or members be served alcohol by bar workers? Yes No
- 6. Is there only one centralized location where alcohol and food is being served to events guests and members? Yes No
- 7. Is there a guest and members list at the entrance? Yes No
- 8. Are food and alternative non-alcoholic beverages available? Yes No
- 9. Do you have a policy on confiscating keys from intoxicated guests? Yes No

YOU MUST STOP ALLOWING THE CONSUMPTION OF ALCOHOL AT LEAST ONE HOUR BEFORE EVENT ENDS.

Transportation:

- 1. Is transportation (taxi, safe rides, etc.) available for guests who need or request it? Yes No

The undersigned have read and understand the requirements as outlined in this checklist:

Chapter Commander (print): _____
 Chapter Commander (sign): _____
 Date: _____

Event Chairman (print): _____
 Event Chairman (sign): _____
 Date: _____

Alumnus Advisor (print): _____
 Alumnus Advisor (sign): _____
 Date: _____

DISCLAIMER:

THIS QUESTIONNAIRE IS BEING USED TO ASSIST THE CHAPTER IN HAVING A SAFE EVENT.

DID YOU REMEMBER TO?

- Complete the form in total?
- Get all parties noted above to review and obtain required signatures?
- Submit Additional Insured request form to Sigma Nu Fraternity if needed?