

**DEAN OF STUDENTS OFFICE (DOS)**  
**FRATERNITY/SORORITY EVENTS USING ALCOHOL AGREEMENT FORM**

This form is designed to assist student organizations risk management procedures and practices in planning safe and organized events. Student organization advisors, governing bodies and the Dean of Students Office staff provide education to the organization members and are not responsible for ensuring these policies are performed at social events. The Event Agreement Form is to be completed for any event where alcohol will be present and in which the student organization members will be entertaining invited guests, parents, other invited students, and/or guests of the university including alumni.

Organization Presidents/Executive Officers, Risk Management Officers & Social Chairs (including formal event chairs) are responsible for their organization and organization members' adherence to the terms of this agreement including provisions of responsibility before, during and following the event. If multiple organizations are co-hosting or participating in a function/social activity, only **ONE** social event form, jointly signed by officers of each organization, needs to be submitted to the Dean of Students Office.

This form should be submitted to the Dean of Students Office at least **ten business (10) days** prior to the scheduled event. No event form is officially accepted unless this form is signed and date stamped by a Dean of Students staff member.

**1. Name of Organization(s) Participating:**

1- \_\_\_\_\_

2- \_\_\_\_\_

**2. Date of Event:** \_\_\_\_\_

**3. Times of Event:** Set-up- \_\_\_\_\_ Event Start- \_\_\_\_\_ Event Finish- \_\_\_\_\_ Clean-Up- \_\_\_\_\_

**3. Type of Event** (i.e., sponsored special event, mixer, date party, semi-formal/formal, etc.):

\_\_\_\_\_

**4. Theme of the Event:** \_\_\_\_\_

**5. Location of the Event:** \_\_\_\_\_

**6. Expected Number in Attendance to Event:** \_\_\_\_\_ **(Submit guest list within 24 hours of event)**

**7. Contracted TABC bartenders are arranged with host establishment and signed by all participating organizations. (Please attach a copy of the contract)**

8. Indicate each specified monitoring and transportation service your organization(s) will be providing in order to host your social event. Sober monitoring, safe transportation and food/non-alcoholic beverages must be provided for your organization(s) to be in compliance with the *University Alcohol Policy* and/or the *"Guidelines for Fraternity and Sorority Use of Alcohol."*

➤ **SOBER MONITOR & SECURITY RESPONSIBILITIES:**

A minimum of 2 members from each participating organization are required to:

- Check the guest list at the door of the host location
- Check each member & guest's I.D. to ensure that only those 21 years or older are allowed to consume alcohol
- Provide each guest who is 21 years or older a wristband to indicate they can legally possess and consume alcohol
- Guarantee that non-invited guests do not enter the host location
- Ensure members and invited guests do not over-consume alcohol

**OUTSIDE SECURITY HIRED:** \_\_\_\_\_ **NUMBER OF OFFICERS:** \_\_\_\_\_

➤ **TYPE(S) OF SAFE TRANSPORTATION: (Check all that may apply)**

\_\_\_\_\_ Chapter will utilize a designated driving program

\_\_\_\_\_ Taxi service information will be clearly posted at host site

\_\_\_\_\_ Chapter will arrange a chartered bus/transportation service to pick up and drop members and invited guests off at a location approved through the Dean of Students Office

**Bus Pick-Up Location/Time:** \_\_\_\_\_ **Bus Drop-Off Location/Time:** \_\_\_\_\_

- **NOTE: For events where alcohol is present, food (a portion must be non-salty) and non-alcoholic beverages must be provided.**

**Please list foods to be provided:** \_\_\_\_\_

**Please list non-alcoholic beverages to be provided:** \_\_\_\_\_

We, the undersigned representatives of the host organization(s), have faithfully and without misrepresentation provided the requested information for this event. All organizations have read this agreement form, the University Policies SA/PPS No. 07.08 Fraternity and Sorority Life Policies and SA/PPS No. 07.10 Fraternity and Sorority Social Host Policies as well as our own National Fraternity/Sorority risk management policies governing such events.

**We acknowledge that organization advisors, student organization governing bodies and the Dean of Students Office staff have no information pertaining to this event other than what we have provided. We further acknowledge that organization advisors and governing bodies as well as members of the university are not responsible for attending or monitoring this event. Receipt of this agreement cannot be construed as responsibility of the proposed event by Texas State University. This form does not constitute legal advice and the hosting organization(s) are responsible for complying with all laws particularly with regard to serving alcohol.**

We are fully aware of the Texas State University and our national organization policies and agree to follow them. Furthermore, we are aware that if our organization fails to abide by these policies, including adherence to the provisions of this agreement, we will be subject to disciplinary action and other sanctions as provided by the applicable policies and laws, including, but not limited to, appearing before the appropriate judicial authority.

**#1- ORGANIZATION NAME:** \_\_\_\_\_

**SIGNATURES:**

- PRESIDENT: \_\_\_\_\_ (*Printed Name*) \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ E-mail: \_\_\_\_\_

- SOCIAL CHAIR: \_\_\_\_\_ (*Printed Name*) \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ E-mail: \_\_\_\_\_

- RISK MANAGEMENT CHAIR: \_\_\_\_\_ (*Printed Name*) \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ E-mail: \_\_\_\_\_

**#2- ORGANIZATION NAME:** \_\_\_\_\_

**SIGNATURES:**

- PRESIDENT: \_\_\_\_\_ (*Printed Name*) \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ E-mail: \_\_\_\_\_

- SOCIAL CHAIR: \_\_\_\_\_ (*Printed Name*) \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ E-mail: \_\_\_\_\_

- RISK MANAGEMENT CHAIR: \_\_\_\_\_ (*Printed Name*) \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ E-mail: \_\_\_\_\_

**ORGANIZATION ADVISORS ACKNOWLEDGEMENT OF EVENT:**

**SIGNATURES:**

Advisor #1: \_\_\_\_\_ (*Printed Name*) \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Advisor #2: \_\_\_\_\_ (*Printed Name*) \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ E-Mail: \_\_\_\_\_