

Section III

Event Application – Rensselaer Polytechnic Institute

The request to hold a social event must be received at least fourteen (14) Institute business days before the event.

_____ requests permission to hold a
Fraternity or Sorority Name
social event.

Location: _____ Date of Event: _____

Contact Cell Phone Number: _____ Event Type: _____

Time of Event: _____
From To

of Invited Guests (Invitation List Attached): _____

of Invited Guests Under the age of 21: _____

Alcoholic Beverages: Beer

Wine

Non-Alcoholic Beverages: _____
Kind(s)

Checklist:

- Sober monitors are identifiable
- List of monitors is posted at the door
- Attendees being permitted entrance to the event are listed on the invitation list as submitted to OFSA
- Uninvited guests are not permitted to enter
- Student ID plus a valid driver's license, military ID, and passport are being checked
- A hand stamp or wristband is used to designate invited guests as 21 or over
- Event is not being held during Rush/New Member Recruitment period
- Event is not being held as a new member/pledge event
- A consistent supply of non-alcoholic drinks are supplied

- Drinks containing alcohol are distributed appropriately and monitored consistently
- Sufficient food is available and readily accessible
- Event is limited to the common areas and/or large open space on ground floor as required for risk management
- Event is not occurring outdoors
- Outdoor area is being monitored and checked for excessive noise
- All exits are clearly marked in case of emergency evacuation

The sponsoring organization agrees to comply with all NYS laws, City of Troy ordinances and Institute policies. It is understood that the sponsoring organization is responsible and accountable for all actions of their members and guests at the event. As the designated event contact of this organization, I acknowledge that I have read reviewed and uphold the content of the Event Registration Form and am authorized to accept full responsibility for the event on behalf of my organization. I acknowledge that this organization, its membership, and advisor have read, reviewed and agree to the terms, guidelines and policies stated in the Fraternity and Sorority Event Management document, uphold Institute policies, and comply with NYS law and City of Troy ordinances.

Print Name: _____

Signature: _____

Name of Organization: _____

Email: _____

Cell Phone: _____

Event Contact(s):

Name

Cell Phone

Email Address

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For Office Use Only:

Date Received: _____

Approval Date: _____

Copy Sent to Public Safety: _____

Advisor Notification: _____

Duty Dean Notification: _____

Copied Form Picked Up: _____