

Contact Person _____ Phone _____
Email _____

College of Charleston Student Event Form

Organization Name _____ Date of Event _____

Nature of Event _____ Time of Event _____

Location Name _____ Telephone Number _____

Organization's Officer in Charge (Print name) _____ (Signature) _____

Event Managers (Print name) _____ (Signature) _____

Your signature indicates that you have read the social event policy and you understand the possible outcomes.

Number of people expected _____ (Community/Students/ Mixed)

Will money be collected at the door? Yes No

Will alcohol be served? Yes No Public Safety 953-5611
(Non-alcoholic beverages and snacks must be available)

Will your chapter advisor be present? Yes No Telephone #: _____

Will food be catered? If yes, by whom? Yes No ARAMARK 953-5616

Location manager's Signature _____

Advisor's Signature _____

Fund Manager's Signature _____

Student Life Signature _____

Public Safety- For Location Manager

Public Safety Signature & Officer(s) _____