

ARKANSAS STATE UNIVERSITY GREEK LIFE
On-Campus Drop-In Registration Form

- ❖ This form must be submitted to the Office of Greek Life by **5pm 2 weeks/10 business days prior to your event.**
- ❖ **For co-sponsored events, only one form is required but must be signed by all participating organizations.**

Date of Event:

Event Hosting Chapter(s):

Event Theme Name:

Event Location:

Hours of Event:

Start Time:

End Time:

Approximate Attendance Expected:

Main Contact Person for Event:

Phone #:

Secondary Contact Person for the Event:

Phone #:

(Chapter Representative)

Signature

(Phone Number)

I have read, understood, and verify our chapter will follow all Arkansas State Greek Life Risk Management and Social Policies

(Co-Sponsoring Chapter Representative)

Signature

(Phone Number)

have read, understood, and verify our chapter will follow all Arkansas State Greek Life Risk Management and Social Policies

(Chapter Advisor)

Signature

(Phone Number)

(Co-Sponsoring Chapter Advisor)

Signature

(Phone Number)

(Fraternity and Sorority Advisor)

Signature