

Tennessee Technological University

Office of Greek Life

Must be submitted 5 business days in advance

Organization: _____ 2nd Organization (if co-sponsored): _____

Date of Activity: _____ Location of Activity: _____

Starting Time: _____ Ending Time: _____ Date Guest List Turned In: _____

Anticipated attendance: _____ (Guest Lists are submitted 48 hours in advance)

Name of Security Company: _____ Phone Number: _____

SOBER MONITORS (*1 per 25 guests*):

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____

Complete description of activity (**NO PARTIES ARE ADVERTISED**)

Low Salt and High Protein Food/Non-Alcoholic beverages to be served and amount:

Date 3rd Party Vendor Checklist Submitted: _____

Date Bring Your Own Beer (BYOB) Checklist Submitted: _____

Requested by: _____ Telephone: _____

E-Mail Address: _____ Office/Position Held: _____

Chapter President's Signature: _____

Faculty Advisor's Signature: _____ Telephone: _____

Will Advisor be Present at this Activity: ☐ YES ☐ NO

- Event **DOES/DOES NOT** meets requirements stated in Greek Life's Social Policy on Alcoholic Events as described in the form above.

Greek Life Office

Date Stamp:

FOR OFFICE USE ONLY

Greek Function with Alcohol Notification Form