**Alumni Event Application**

Application for an event hosted by the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Alumni & Volunteer Corporation at the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ chapter house located at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Description of Event: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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AVC Event #\_\_\_\_\_\_ of 6 (maximum)

Date of Event: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

AVC Event Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Hours of Event: Start time \_\_\_\_\_\_\_\_ End time\_\_\_\_\_\_\_\_

Number of Guests: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Third-party Vendor Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Third-party Vendor Contact Information: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Third-party Vendor Policy Checklist attached Yes \_\_\_\_\_\_\_ No \_\_\_\_\_\_\_

Food & Beverage Budget Amount: \_\_\_\_\_\_\_

I have reviewed this application and acknowledge that these event plans are in compliance with SigEp’s Risk Management Policies and national, state, and local ordinances, as well as host institution policies and third-party vendor guidelines.

**2017 Conclave Resolution 2, Improve the Fraternal Experience through Nationwide Substance-free Facilities, states: “All events must be approved by three of the following four persons: the AVC president, the faculty fellow, the university Greek life coordinator, or the appropriate campus life official.”**

**----- PLEASE GO TO PAGE 2 TO PROVIDE REQUIRED SIGNATURES -----**

**Please sign and print your name below:**

**AVC President**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name Sign Name Date

**Faculty Fellow**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name Sign Name Date

**Fraternity / Sorority Advisor**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name Sign Name Date

**Campus Life Official**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name Sign Name Date

\*AVC Secretary should retain a copy of this signed application for one year following the event date.