

# REGISTERED STUDENT ORGANIZATION (RSO) REGISTRATION FORM FOR EVENTS WITH ALCOHOL

Fraternities and Sororities must submit this form to the Student Services Building (SSB), 387 with the required documentation at least 10 CALENDAR DAYS PRIOR to the event.

List all sponsoring organizations:

\_\_\_\_\_

\_\_\_\_\_

## EVENT INFORMATION

Contact person: \_\_\_\_\_ Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Event Title: \_\_\_\_\_ Location of Event: \_\_\_\_\_

Date of Event: \_\_\_\_\_ Start Time of Event: \_\_\_\_\_ End Time of Event: \_\_\_\_\_

Method of designating those 21 and older: \_\_\_\_\_

Type of transportation available to guests: \_\_\_\_\_

Will everyone at the event be using this type of transportation? \_\_\_\_\_ # of people attending the event? \_\_\_\_\_

## REQUIRED

**\*Completed Third Party Agreement.**

## EVENT MONITORS

There must be at least one monitor for every 30 people in attendance at the event. The monitors must be ISU students who are members of a sponsoring organization.

Event Monitor Name	Phone Number
1.	
2.	
3.	

Event Monitor Name	Phone Number
4.	
5.	
6.	

## COMPLETE SIGNATURE SECTION FOR EACH SPONSORING RSO

By signing this form you agree to abide by all ISU Alcohol Policies.

**Name of Organization:**

Name of Organization:	Print Name	Signature	Date	Phone Number
RSO President				
Faculty/Staff Advisor				

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**Illinois State University  
Alcohol Policy  
THIRD PARTY AGREEMENT  
Registered Student Organizations**

**The Registered Student Organization (RSO) President must:**

Submit a completed **Third Party Agreement** with any **Registration Form for Events with Alcohol**. The RSO will be in compliance with the risk management policies of the University related to alcohol if a "third party vendor" is hired to serve alcohol at the function and the RSO can document the following checklist items. This applies to events held off-campus as well as in the Bone Student Center.

If the event is to occur in the **Bone Student Center (BSC)**, the RSO President must also ensure compliance with the BSC Alcohol Policy. This includes, but is not limited to, arranging for a catered meal during the event, allowing 10 calendar days for BSC approval, and agreeing to advance registration of guests.

**The Vendor must:**

(Vendor must initial items #1-4 below. If event is to be held in the Bone Student Center, BSC Catering is the vendor.)

\_\_\_\_\_ 1. Be properly licensed by the appropriate local and state authority. This might involve both a liquor license and a temporary license to sell on the premises where the function is to be held.

\* **Attach copies of state and local licenses to this checklist.**

\_\_\_\_\_ 2. Agree in writing to cash sales only, collected by the vendor, during the function.

\_\_\_\_\_ 3. Assume in writing all the responsibilities that any other purveyor of alcoholic beverages would assume in the normal course of business, including but not limited to:

- a. Checking identification cards upon entry and designating those 21 and older (i.e. with wristband, stamp, etc.)
- b. Not serving minors
- c. Not serving individuals who appear to be intoxicated
- d. Maintaining control of ALL alcoholic containers present
- e. Collecting all remaining alcohol at the end of a function (no excess alcohol - opened or unopened – is to be given, sold or furnished to the organization)
- f. Removing all alcohol from the premises

\_\_\_\_\_ 4. Any breach or violation of this Agreement shall be grounds for immediate termination thereof. Any person, organization or vendor who violates any provision of this Agreement may be held liable both civilly and criminally. Nothing in this agreement precludes the University from imposing its own sanctions against the vendor.

**Signatures:**

This form must also be signed and dated by the Registered Student Organization (RSO) president, faculty/staff advisor, the vendor, and Dean of Students Office (DoS) staff. In doing so, all parties understand that only through compliance with these stipulations will the Registered Student Organization be in compliance the Illinois State University requirements.

\_\_\_\_\_  
Vendor Representative Signature

\_\_\_\_\_  
Vendor Representative Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
RSO President Signature

\_\_\_\_\_  
RSO President Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Faculty/Staff Advisor Signature

\_\_\_\_\_  
Faculty/Staff Advisor Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Greek Affairs, DoS Staff Signature

\_\_\_\_\_  
Greek Affairs, DoS Staff Name

\_\_\_\_\_  
Date

File: Greek Affairs Office, Student Services Building, Room 387  
cc: Director of Bone Student Center (if event to be held in this location)

Revised 4-21-11