

# Lafayette College Student Life Social Event Information Form

This form is to be used to notify College officials of campus social events. Notification of an event does not represent College approval of the event. The purposes of this notification are to ensure that social events are carefully planned, do not conflict with other events and to remind the sponsors and co-sponsors of their responsibilities under state law and College policy.

**Names of all sponsoring/co-sponsoring groups:**

\_\_\_\_\_

**Description of Events**

1. Party: \_\_\_\_\_ Open \_\_\_\_\_ Closed (check one)
2. Music: \_\_\_\_\_ Band \_\_\_\_\_ DJ (check one)
3. Outdoor Event (Yes or No) If yes, explain: \_\_\_\_\_
4. Other \_\_\_\_\_ explain: \_\_\_\_\_

**Location** \_\_\_\_\_

**Date of Function** \_\_\_\_\_ **Starting Time** \_\_\_\_\_ **Ending Time** \_\_\_\_\_

**Anticipated number in attendance** \_\_\_\_\_

**Will alcoholic beverages be present?** \_\_\_\_\_ Yes \_\_\_\_\_ No

*Note: Alcohol may only be distributed in accordance with College policy, Pennsylvania law and Individual Risk Management policy.*

**Name of Security Personnel**

- |          |          |
|----------|----------|
| 1. _____ | 3. _____ |
| 2. _____ | 4. _____ |

**Names of Bartenders**

- |          |          |
|----------|----------|
| 1. _____ | 3. _____ |
| 2. _____ | 4. _____ |

ONE INDIVIDUAL FROM EACH SPONSORING/CO-SPONSORING GROUP WHO HAS BEEN AUTHORIZED TO ACT ON BEHALF OF THE GROUP IN THIS MATTER MUST READ THE FOLLOWING STATEMENT AND SIGN BELOW:

The decision to hold an event at which alcoholic beverages will be served and/or consumed is a serious one involving many legal and ethical responsibilities. The group(s) sponsoring the event described on this form is/are fully responsible for the planning, conduct and consequences of that event. As an authorized representative of one of the sponsoring groups, you must understand the responsibilities involved and convey them to your group. You and your organization should be familiar with the College's policies and the regulations, Pennsylvania State Law concerning alcohol, and may wish to obtain qualified legal counsel to assist you.

I/We, the undersigned, am/are familiar with Lafayette College alcohol policies, with the laws of the Commonwealth of Pennsylvania concerning alcohol, and with Pennsylvania State and Local Fire Code regulations. On behalf of the groups(s) I/we represent, I/we acknowledge my/our responsibility for the event described on this form. To the best of my/our knowledge, all information provided on this form is accurate and truthful.

Print \_\_\_\_\_ Representing \_\_\_\_\_ Date \_\_\_\_\_

Signed \_\_\_\_\_ Phone Number \_\_\_\_\_

Print \_\_\_\_\_ Representing \_\_\_\_\_ Date \_\_\_\_\_

Signed \_\_\_\_\_ Phone Number \_\_\_\_\_