



Since 1830

UNIVERSITY  
OF NORTH  
ALABAMA

# Student Organization Activity Registration Form

Office of Student Life Use Only:

Approved \_\_\_\_\_ Yes \_\_\_\_\_ No

By: \_\_\_\_\_

Date: \_\_\_\_\_

Organization(s) \_\_\_\_\_ UNA Box \_\_\_\_\_  
 \_\_\_\_\_ UNA Box \_\_\_\_\_

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

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

Type of Event (check the appropriate box)

- |  |  |
|--|--|
| <input type="checkbox"/> Community Service           | <input type="checkbox"/> Fundraiser                                    |
| <input type="checkbox"/> Conference (location) _____ | <input type="checkbox"/> Social (must complete the bottom of the page) |
| <input type="checkbox"/> Educational Program         | <input type="checkbox"/> Other _____                                   |

Briefly describe the activity: \_\_\_\_\_  
 \_\_\_\_\_

# expected to attend \_\_\_\_\_

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Invitation only | <input type="checkbox"/> Faculty, staff, students     | <input type="checkbox"/> Open to the public |
| Admission Charge?                        | <input type="checkbox"/> Yes, if so how much \$ _____ | <input type="checkbox"/> No                 |

Who will be the individual responsible at the event?

President _____	Phone _____	Box _____	Email _____
Advisor _____	Phone _____	Box _____	Email _____
Other _____	Phone _____	Box _____	Email _____

*As president, social chair, or advisor of the sponsoring organization, we assume responsibility to uphold the laws of the State of Alabama, the regulations of the University of North Alabama and the rules and regulations of the sponsoring organization. We further understand that if a violation of federal, state and/or local regulations does occur during this event, we and/or the sponsoring organization may be subject to disciplinary action. We also understand that this function must adhere to the rules and regulation as outlined in the Student Handbook and to the rules and regulations of the respective governing group's constitution and by-laws.*

**For Social Events**

Alcoholic beverages permitted?  Yes (please complete below)  No

Describe the method to be used for identifying members/guests of legal drinking age. \_\_\_\_\_  
 \_\_\_\_\_

Describe plans to provide sufficient food, non-salty in nature, and alternative beverages to members/guests for the duration of the event. \_\_\_\_\_  
 \_\_\_\_\_

Describe the method of providing transportation to those unable to drive and of preventing intoxicated members/guests from driving. \_\_\_\_\_  
 \_\_\_\_\_

List the names of the Risk Management Team. 1. \_\_\_\_\_ 2. \_\_\_\_\_  
 3. \_\_\_\_\_ 4. \_\_\_\_\_ 5. \_\_\_\_\_ 6. \_\_\_\_\_

Any event sponsored by a student organization at which **ALCOHOL** is served or permitted to be consumed must be documented on this Activity Registration Form with the Office of Student Life. The form must be approved by either the Associate Director of Student Life for Activities and Organizations or the Coordinator of Greek Life in the Office of Student Life no later than 12:00 noon as specified below prior to the event. Guest lists must be submitted with this form. If guest lists are not provided, the social function will not be approved. A confirmation of your event will be available via the organization's campus mailbox.

Function on	Forms & Guest Lists due in Student Life
Thursday	One Thursday before the event
Friday	One Friday before the event
Saturday	One Friday before the event

By signing this form, I verify that all information provided is correct. I authorize Student Life to verify ages of everyone on Risk Management Team. I have read and understand that my organization must follow the University's Statement and Regulations Regarding Alcoholic Beverages at Student Organizations Social Functions as outlined in the Student Handbook.

\_\_\_\_\_  
 Organization President or Approved Designated Officer

\_\_\_\_\_  
 Organization Advisor