



ARKANSAS STATE UNIVERSITY GREEK LIFE

OFF-CAMPUS DROP-IN FORM



- ❖ **This form is required for all chapter-related events**
- ❖ **This form must be submitted to the Office of Greek Life by 5pm 2 weeks/10 business days prior to your event.**
- ❖ **Accompanying guest list (if applicable) must be submitted at least 2 days prior to the event.**
- ❖ **For co-sponsored events the form must be signed by all participating organizations but only one form is required.**
- ❖ **Attach a completed copy of ASU Greek Life’s Third Party Vendor Checklist to this form.**

Date of Event:

Event Hosting Chapter(s):

Event Theme Name:

Event Location (provide actual street address):

Hours of Event: Start Time:

End Time:

Approximate Attendance Expected:

Main Contact Person for Event:

Phone #:

Secondary Contact Person for the Event:

Phone #:

Bus/Transportation Company for the Event:

Phone #:

(Chapter Representative)

(Signature)

Phone Number

I have read, understood, and verify our chapter will abide by all ASU Greek Life Risk Management and Social Policies

(Co-Sponsoring Chapter Representative)

(Signature)

Phone Number

I have read, understood, and verify our chapter will abide all ASU Greek Life Risk Management and Social Policies

(Chapter Advisor)

(Signature)

Phone Number

(Co-Sponsoring Chapter Advisor)

(Signature)

Phone Number

ASU Greek Life: THIRD PARTY VENDOR CHECKLIST

THE CHAPTER PRESIDENT:

Your chapter will be in compliance with the risk management policies of your national fraternity and FIPG if you hire a "third party vendor" to serve alcohol at your functions WHEN you can document the following checklist items.

THE VENDOR MUST:

- _____ 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. Be properly insured with a minimum of \$1,000,000 of general liability insurance, evidenced by a properly completed certificate of insurance prepared by the insurance provider.
The above "certificate of insurance" must also show evidence that the vendor has, as part of his coverage, "off premise liquor liability coverage and non-owned and hired auto coverage."
The certificate of insurance must name as additional insured (at a minimum) the local chapter of the fraternity hiring the vendor as well as the national fraternity with whom the local chapter is affiliated.
ATTACH A COPY OF THE CERTIFICATE OF INSURANCE AND HIGHLIGHT REQUIRED CLAUSES.

- _____ 3. Agree in writing to cash sales only, collected by the vendor, during the function.

- _____ 4. 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;
 - B. Not serving minors;
 - C. Not serving individuals who appear to be intoxicated;
 - D. Maintaining absolute 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 chapter).
 - F. Removing all alcohol from the premises.

ATTACH A WRITTEN AGREEMENT SIGNED AND DATED BY THE CHAPTER PRESIDENT AND THE VENDOR STIPULATING AGREEMENT TO THE ITEMS REQUIRED IN #3 AND #4 ABOVE.

This form must also be signed and dated by both the chapter president and the vendor. In doing so, both parties understand that only through compliance with these stipulations will the chapter be in compliance with FIPG and national fraternity requirements.

Chapter President's Signature & Date

Vendor's Signature/Company & Date