

## ARKANSAS STATE UNIVERSITY GREEK LIFE <u>ON-CAMPUS</u> 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.

Date of Event:		
Event Hosting Chapter(s):		Event Theme Name:
Event Location:		
Hours of Event: Start Time:	End Time:	
Approximate Attendance Expected:		
Main Contact Person for Event:		Phone #:
Secondary Contact Person for the Event:		Phone #:
(Chapter Representative) I have read, understood, and verif Social Policies	(Signature) y our chapter will	Phone Number follow all ASU Greek Life Risk Management and
(Co-Sponsoring Chapter Representative) ☐ I have read, understood, and veriff Social Policies	(Signature) y our chapter will	Phone Number follow all ASU Greek Life Risk Management and
(Chapter Advisor)	(Signature)	Phone Number
(Co-Sponsoring Chapter Advisor)	(Signature)	Phone Number