# ARKANSAS STATE UNIVERSITY GREEK LIFE

**ON-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.**

<table>
<thead>
<tr>
<th>Date of Event:</th>
<th>Event Hosting Chapter(s):</th>
<th>Event Theme Name:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Event Location:</td>
<td>Hours of Event: Start Time:</td>
<td>End Time:</td>
</tr>
<tr>
<td>Approximate Attendance Expected:</td>
<td>Main Contact Person for Event:</td>
<td>Phone #:</td>
</tr>
<tr>
<td>Secondary Contact Person for the Event:</td>
<td>Phone #:</td>
<td></td>
</tr>
</tbody>
</table>

(Chapter Representative) ___________________________ (Signature) ___________________________ Phone Number __________

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

(Chapter Advisor) ___________________________ (Signature) ___________________________ Phone Number __________

(Chapter Advisor) ___________________________ (Signature) ___________________________ Phone Number __________

(Co-Sponsoring Chapter Representative) ___________________________ (Signature) ___________________________ Phone Number __________

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

(Co-Sponsoring Chapter Advisor) ___________________________ (Signature) ___________________________ Phone Number __________