



WESTMINSTER COLLEGE

Office of Residential and Greek Life

Pre-Party Checklist

To be turned into Residential and Greek Life *two complete weeks* prior to the date of your event. Late submissions will not be accepted or approved.

General Information

Sponsoring Chapter: _____

Co-Sponsor(s), if applicable: _____

Type of Event: Social Mixer Formal

Event Name/Theme: _____

Event Date: _____ Start/End Time: _____

Location: _____

Address: _____

Certificate of Insurance obtained? _____

How many people do you expect to attend? _____

Type of Transportation: _____

Has certificate of insurance been provided by *transportation* company? _____

Budget

Please note that no alcoholic beverages may be purchased through the chapter treasury, nor may the purchase of alcoholic beverages be undertaken or coordinated by any member in the name of or on behalf of the chapter.

Please itemize fraternal funds to be spent on the following: **Total Budget for Event: \$** _____

Decorations	
Entertainment	
Food	Non-salty option:
Non-alcoholic Beverages	
Third Party Vendor	
Transportation	
Rental Fee	

Security	
Miscellaneous (List in Detail)	

***Reminder:** Chapters must spend a **minimum of \$50** combined on non-alcoholic beverages and snacks. Snacks must be varied, and must include non-salty items.

Alcohol and Food

Please indicate whether your event will be BYOB or with a Third Party Vendor:

- BYOB – Complete left side of chart below.
- Third Party Vendor*: _____ – Complete right side of chart below.
**Must also complete Third Party Vendor Agreement.*

BYOB	Third Party Vendor
Event Drink Limit: Six is the maximum permitted per person. (Maximum of 4: Wine Coolers/Malt Beverages)	Beer (Bottles or cans) YES NO
Beer (12 oz bottles or cans) YES NO	Beer (kegs/draft) YES NO
Malt Beverages (12 oz) YES NO (Smirnoff, Hard Lemonade, etc.)	Hard Liquor/Mixed drinks YES NO
Wine/Wine Coolers (12 oz) YES NO	Champaign/Wine/Wine Coolers YES NO
Additional event details:	How will the Third Party Vendor be compensated? Cash bar Included with event Other
	Additional event details:

Chapters are responsible for developing a system for the BYOB check point. There must be some way to monitor which guests check in alcohol, and how it is distributed from the check point. Only one (1) beverage may be given out per guest, per trip to the BYOB check-in.

Wristbands will be provided to identify guests of legal drinking age. Will you do anything to designate underage guests? _____

Physical Premises

Please indicate whether or not the items below are relevant to your event. If so, please indicate specifics. (i.e. "Fence" – yes, around entire house and yard to streamline entrance.)

Fence: _____

Safety Check/Liability Concerns: _____

Residential Areas available for event: _____

Clearly Designated Exits: _____

Are there any other areas of concern, or special circumstances of your event? (Please specify.)

Sober Monitors and Security

These are to be only members of the sponsoring organization. All events are required to have a minimum of one security officer hired for the duration of the event. Off campus events will not have campus security, but must have security provided through their host facility.

*If necessary, specific names may be turned in as late as the Thursday prior to the event.

ID Check (at main entrance, minimum of 2 at all times stationed):

BYOB Check-in (at least 2 at all times):

Sober Monitors (stationed throughout the house; 1 for every 20 people, unless your Inter/National Organization has a stricter policy, like 1 for every 15):

Door Attendants (at least 1 per *secondary* access point – Note: Events should only have one point of entry; however, staff “Exit Only” doors as necessary to prevent guests from allowing others unauthorized access to your event.):

Reminder!

The following items are due the Thursday before your event, which is _____ (enter date).

Social Contract

Guest List

Final lists of the following:

ID Checkers

BYOB Check-in Attendants

Sober Monitors

Door Attendants

Chapter President

Name: _____

Signature

Date

Risk Manager

Name: _____

Signature

Date