UNIVERSITY OF CALIFORNIA, SANTA BARBARA
GREEK AFFAIRS OFFICE
ALCOHOL-FREE EVENT PLANNING FORM

Chapter Name: ____________________________ Event Chairman: ____________________________
Contact Phone #: ____________________________ Cell # (if available): __________________________

I. General Information
1. Type of Event: ____________________________ Purpose: ____________________________ Theme: ________________
2. Address of Event: _________________________________________________________________________
3. Event Date: ____________________________ Time & Duration: ____________________________
4. Planned Attendance: # of Members: __________ # of Alumni: __________ # of Guests: __________

III. Contractual Exposure
A. Crowd Control & Security
   1. Security Company Used: _______________________________________________________________
   2. Security Co. Contact Person: _____________________________ Phone #: _______________________
   3. Party Monitors:
      1. Name (Printed): __________________________________ Phone #: _______________________
         Signature: _______________________________________________________________________
      2. Name (Printed): __________________________________ Phone #: _______________________
         Signature: _______________________________________________________________________

B. Entertainment
   1. Live Band or DJ, Name or Provider: ______________________________________________________

IV. Emergency Procedures
Who will be responsible for contacting Emergency Personal, University Officials, etc. If the need arises?

Name (Printed): ____________________________ Title: ____________________________
Signature: ____________________________ Phone #: ____________________________

President Name (Printed): ____________________________ Phone #: ____________________________
Signature: ____________________________