

Not Accepted \_\_\_\_\_ Accepted \_\_\_\_\_

# UNIVERSITY OF CALIFORNIA, SANTA BARBARA RISK MANAGEMENT PROGRAM NON-ALCOHOLIC 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: \_\_\_\_\_