

## Fraternity and Sorority Life Restricted Event Registration Form

This registration form must be completed at least five (5) days before the restricted event will occur. All organizations should be familiar with the Fraternity and Sorority Social Event Policy as stated in the Fraternity and Sorority Life Manual of Operations. Please attach a typed guest list.

Organization Name:	
Event Date:	
Event Name:	
Event Location (include physical address):	
Names of Event Monitors: minimum of two monitors. Monitors cannot drink and must be imembers.	nitiated
By signing this form, the organization agrees to allow authorized University officials (Division and West Virginia University Institute of Technology Police) to enter the venue and/or prophours of the registered event for policy enforcement/student health and safety checks.	
Signature President:	
Signature Social Chair:	
Name and Phone Number of Contact Person for Event:	
Signature Chapter Advisor:	