EVENT & FUNDRAISING REGISTRATION FORM
This form must be filled out by all student organizations that host a social event or fundraising activities located on campus or off-campus. It is to be filled out for each social event or fundraising activity held by your student organization. This form must be submitted to the Office of Student Involvement at least one week prior to dates of the event.

Greek Organizations should continue to use Events WITH Alcohol Registration Form or Events WITHOUT Alcohol Registration Form for social event registrations. These forms can be found online at www.drury.edu/greeklife.

Student Organization:

SL or CA Name:

SL or CA Email:

SL or CA Phone:

Type of Event:

Fundraiser? Benefiting Organization:

Event Name:

Event Date:

Event Time & Duration:

Event Location:

Event Description:

Types of Events or Fundraising Events could include but are not limited to: performers (ie. bands, comedians, students), dances, meals, free-speech activities, Sports-related events or fundraisers (sale of clothing or merchandise, raffles and games of chance, banquets or food related events, student performances or hired-performers, and sporting events). If fundraiser is clothing or merchandise sales, a copy of the proposed design must accompany this form.

EVENT & FUNDRAISING INFORMATION:
I have reviewed the student organization event and fundraising guidelines and will incorporate the guidelines into this event. I agree that our event will comply with all policies, guidelines, and laws. I understand that incomplete/false information could limit future events and fundraising activities and could result in disciplinary action. I understand that my student organization assumes all liability and risk associated with this event or fundraising activity. Regardless of the original intent, student organizations must understand that the event or fundraising activity may be dispersed to ensure the continued safety of Drury Students.

I certify that the information listed above is true. My signature on this form verifies that I agree to the previous statements and will comply with any action deemed necessary by the host student organization and Drury University personnel.

Student Organization Authorized Signature    Date of Signature    Printed Name of Authorized Student Organization Representative

OFFICE OF STUDENT INVOLVEMENT USE ONLY:

Date Received:

Follow-up Meeting: