UNI Interfraternity/Panhellenic Councils
Social Notification Form
Non-Alcoholic Events

This form must be completed and submitted to the Student Involvement and Activities Center with a complete guest list 2 weeks prior to the scheduled event.

Hosting Chapter(s): _____

Chapter(s) Invited: _____

Date: _____ Time: (from) _____ (to) _____

Location: _____
(If this event is recurring, please attach a list of dates, times and location)

Type of Event: RECRUITMENT BROTHER/SISTERHOOD
Other (please list) _____

Theme of Event & Actives_____

Person completing this form (please print) _____
Title:_____
Phone Number: _____ Email:_____

I attest that the information provided on this form is accurate and true. In addition, by filing this form it is understood that no alcohol will be consumed or present at the event.

Falsification of information or any violation of this contract will result in charges being filed against your chapter.

_____
Signature of person completing the form Date

_____
Chapter President Date

FOR OFFICE USE ONLY:

Date Rec'd _____ By Whom:_____

Approved _____