

Reminder - Completed Event Registration Forms are due to the Greek Advisor's mailbox 48 hours prior to the day of the event. Registration forms for events held on Friday or Saturday evening must be submitted by Wednesday at 5:00pm. The Office of Student Activities closes at 5:00pm daily. All submitted forms are subject to the approval of the Greek Advisor. Late or incomplete registration forms will not be accepted.

Lynchburg College
Fraternity/Sorority & Residence Life
Event Registration Form
BYOB*

Host Chapter/House: _____

Location (address): _____

Date ___/___/___ Day of the week: M Tu W Th F Sat Sun (circle one)

Time: beginning _____ am pm (circle one) Time: ending _____ am pm (circle one)

As sponsors of this event, our fraternity chapter/ house agrees to take full responsibility for this event. We have read and understand the National FIPG policy and related Lynchburg College BYOB policy regarding alcohol use, and agree to comply with all provisions of these policies, including those outlined in the Lynchburg College Student Handbook and as dictated by the State of Virginia. In addition, our fraternity has respectfully **attached a Guest Registration List** for this event in accordance with the Fraternity/Sorority Life BYOB Event Registration policies & procedures and the Office of Residence Life Courts & College House Event Registration policy. I understand that failure to comply with these policies will result in disciplinary actions as outlined in the Lynchburg College Hornet and/or PC/IFC Judicial Policy & Procedures.

Social Chair/Coordinator:

Print Name	Signature	Date	Phone
------------	-----------	------	-------

Chapter President:

Print Name	Signature	Date	Phone
------------	-----------	------	-------

Sober Member #1 (21 or older):

Print Name	Signature	Date	Phone
------------	-----------	------	-------

Sober Member #2:

Print Name	Signature	Date	Phone
------------	-----------	------	-------

Sober Member #3:

Print Name	Signature	Date	Phone
------------	-----------	------	-------

Faculty/Chapter Advisor:

Print Name	Signature	Date	Phone
------------	-----------	------	-------

****Please attach Guest Registration List to signed BYOB Form***