Fraternity/Sorority Life
Office of Residence Life
LYNCHBURG COLLEGE

Event Guest List Registration – BYOB

Sponsoring Organization: _____ Date: _____

Resident #1: _____
Name **Phone #** **Birthdate**

Guest Name	Birthdate of Guest	

Resident #2: _____
Name **Phone #** **Birthdate**

Guest Name	Birthdate of Guest	

Resident #3: _____
Name **Phone #** **Birthdate**

Guest Name	Birthdate of Guest	

Resident #4: _____

Name **Phone #** **Birthdate**

Guest Name	Birthdate of Guest	

Resident #5: _____

Name **Phone #** **Birthdate**

Guest Name	Birthdate of Guest	

Resident #6: _____

Name **Phone #** **Birthdate**

Guest Name	Birthdate of Guest	

Resident #7: _____

Name **Phone #** **Birthdate**

Guest Name	Birthdate of Guest	

Resident #8: _____

Name **Phone #** **Birthdate**

Guest Name	Birthdate of Guest	

*** Please note that college-owned house occupancies allow for 45 total students OR the number of residents multiplied by 6 (whichever number is smaller). Townhome occupancies allow for 35 total students.**
**** Resident takes full responsibility for all registered guests.**

We, the residents of _____ agree to abide by all policies as described by the Office of Residence Life and Fraternity/Sorority Life and that we are responsible for the actions or ourselves, our guests and anyone else associated with this event. Failure to comply with the policies outlined in the Risk Management Policy (available in the Office of Student Activities and the Office of Residence Life) can result in judicial sanctioning and/or loss of special interest house.

	Print Name	Social Security Number	Signature	Date
Resident #1				
Resident #2				
Resident #3				
Resident #4				
Resident #5				
Resident #6				
Resident #7				
Resident #8				