University of Lynchburg

Fraternity and Sorority Life

3rd Party Vendor
Event Guest Registration Form

Sponsoring Organization:_____

Contact Person:_____ Phone:_____

Advisor:_____ Phone:_____

Alcohol will be served: ____Yes ____No

Only 2 guests per Fraternity/Sorority member

	Guest (please print)	Member who is registering the Guest	Phone Number	Birthdate
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