

Special Event Planning Outline

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Special Event Planning Outline

Fraternity: _____

Chapter/Colony: _____

University/College: _____

Contact Name: _____

Event Date(s): _____

Location: _____



A. General Information

1. Name of event: _____

2. Location of event: _____

- Chapter Property
- Rented Facility
- Other: _____

3. Beginning time of event: _____ AM PM

4. Ending time of event: _____ AM PM

5. Purpose of event:

- Recruitment
- Socialize
- Other: _____

6. Description of activities at event: _____

7. Will there be any special construction/decorations for this event?

- Yes
- No

8. If yes, please describe: _____

9. Persons and/or company performing construction: _____

Phone: _____ Email: _____

10. Has this event been before?

- Yes
- No

11. If yes, when? _____

12. If the event has been held before, have any accidents ever occurred?

- Yes
- No

◆◆◆If yes, please attach an explanation of the accident and the changes made to prevent a reoccurrence of such accident.

13. Is university, Greek council permission required for this event?

- Yes
- No



B. Contacts

1. Alumnus/advisor involved in event planning review:

Name: _____ Title: _____

Address: _____

City: _____ State: _____ Zip: _____

Work Phone: _____

Home Phone: _____

Email: _____

2. Chapter member contact:

Name: _____ Title: _____

Address: _____

City: _____ State: _____ Zip: _____

Work Phone: _____

Home Phone: _____

Email: _____

C. Planning

1. This event is planned to exceed five hours in duration?

- Yes
 No

2. Please explain why this event will exceed five hours: _____

3. Will ample food, other than snacks and non-alcoholic beverages be available?

- Yes
 No

4. Who will provide the food? _____

Company Name: _____ Contact: _____

Phone: _____ Email: _____

5. The total number of people, including members, who will be allowed to attend, will exceed four times the chapter membership

- Yes
 No

6. What is the number of security guards which have be hired for this event? _____

7. Another fraternity or sorority will co-sponsor this event?

- Yes
 No

8. What fraternity or sorority will co-sponsor? _____

9. Do all the organizations have insurance?

- Yes
 No

10. Do all the organizations appear on all contracts?

- Yes
 No

11. Have officers from all organizations met to establish event plans?

- Yes
 No

12. Will the alcohol policies of all organizations be followed?

- Yes
 No

D. Alcohol Management

1. Alcohol will be present during this event?

- Yes
- No

2. Is written permission required by the university/college for alcohol use at this event?

- Yes
- No

◆◆◆If yes, please attach a copy

3. Has the executive committee and key officers read and understand the risk management policy of the organization?

- Yes
- No

4. Does the usage of alcohol at this event comply with these policies?

- Yes
- No

5. When will alcoholic beverages be permitted?

- Before Event
- During Event
- After Event

6. How will alcohol beverages be provided?

- Licensed vendor
- BYOB
- Other: _____

7. Who will serve alcohol?

- Alumni
- Professional bartenders
- Chapter members
- Open access
- Other: _____

8. What kind of alcohol will be present?

- Beer
- Liquor
- Wine
- Other: _____

9. What charge, if any, will be made for alcohol beverages?

- Admission
- Contributions
- Charge by drink
- Donations
- Chapter funds
- No charge

10. Will the chapter be using an alcohol check-in procedure for this event?

- Yes
- No

11. If yes, please explain in detail: _____

12. What methods will be used to limit individual consumption of alcohol?

- Professional bartender discretion
- Punch card system
- Ticket system

13. Will ample non-alcoholic beverages be provided without charge?

- Yes
- No

14. Hours of service

From: _____ to: _____

◆◆◆Service must stop 1 hour prior to the end of the event

15. How will the verification of legal drinking age be accomplished?

- By chapter members at entrance
- By security guard at entrance
- By professional bartender for each purchase
- Other: _____

16. How will those persons of legal drinking age be identified?

- Un-removable wrist bands
- Non-transferable hand stamp
- ID check each time
- Other: _____

What procedure will be taken if minors are observed drinking? _____

E. Transportation

1. Will transportation be provided for individuals that have consumed alcohol?

Yes

No

2. What will be the form of transportation?

Taxi

University bus/van system

Sober drivers

Other: _____

3. Please describe in detail: _____

4. Will members and guests be required to check their automobile keys at the door?

Yes

No

5. If yes, how will this be monitored? _____

6. The event is planned at a site more than 10 miles from the chapter house or campus?

Yes

No

F. Crowd Control

1. Planned Attendance:

Members: _____
 Alumni: _____
 Dates: _____
 Guests: _____
 Other: _____

 Total:

2. How will admission be controlled?

- Guest list
- Tickets
- Other _____

3. How many chapter members will serve as sober party monitors? _____

4. What percentage of the chapter will the sober monitors represent? _____

5. Professional security officers/guards will be hired for this event

- Yes
- No

6. If yes, how many will be hired? _____

7. If yes, how many hours will they serve? _____

8. Security hired from:

- University/College
- Facility
- Off-Duty policy
- Security company
- Other: _____

Name of company: _____

Contact person: _____

Phone: _____

Email: _____

◆◆◆Please attach contract and certification of insurance from the security company

9. Possession of firearms by security personnel is prohibited! Does the company and personnel understand this and will they comply?

- Yes
- No

G. Emergency procedures

1. Have all officers and members reviewed a crisis management plan?

Yes

No

2. Will emergency services be readily available at the event?

Yes

No

3. Will this event involve any physical activity?

Yes

No

◆◆◆If yes, professional emergency personnel should be on-site for the duration of the event?

4. If the need for assistance arises, who will be responsible for contacting:

Emergency personnel

House Corporation President

Chapter President

Chapter Advisor

Fraternity Headquarters

University Officials

Name: _____ Title: _____

Phone: _____ Email: _____

5. Who will be responsible for ensuring the event complies with the risk management policies of the fraternity?

Name: _____ Title: _____

Phone: _____ Email: _____

◆◆◆Alcoholic beverages should not be consumed by these individuals

H. Contract

1. Contracts have been signed with a third party vendor, caterer, rented facility, security, bus/transportation company, and DJ

- Yes
- No

2. Please check all types of property the chapter will be renting, borrowing, and/or using:

Real Property

- Banquet room
- University facility
- Hotel room
- Sports field
- Other: _____

Personal Property

- Stereo equipment
- Security equipment
- Furniture
- Other: _____

3. Please check all vendors that will be used for this event:

- Food caterer
- Security guards
- Bus/transportation company
- Third party vendor
- DJ
- Band
- Other: _____

4. What is the distance to the site of the event from the chapter house/campus? _____

5. How will members and guests travel to and from the event?

- Walk
- Designated drivers
- Van
- Bus/transportation company
- Other: _____

6. Please provide additional information if contracting transportation:

Name of company: _____ Contact name: _____

Phone: _____ Email: _____

◆◆◆Professional transportation is highly recommended and encouraged

I. Third party vendor checklist

If the chapter is planning a third party vendor to serve alcohol at this event, the following checklist items should be implemented in order to adhere to the policies of the fraternity

University/College: _____

Date of Event: _____

The vendor must agree to the following:

1. Be properly licensed by the appropriate local and state authority

This might involve both a liquor license and temporary license to sell on the premises where the function is being held

◆◆ Attach copies of state and local licenses to the event planning form

2. Be properly insured with a minimum of \$1,000,000 of federal and liquor legal liability insurance, evidenced by a properly completed certificate of insurance prepared by the insurance provider

This certificate of insurance should also show evidence that the vendor has

3. Maintain off premises liquor liability coverage and non-owned and hired auto coverage

4. At a minimum the local chapter, the house corporation, and the inter/national incorporated named as an additional insured. This insurance coverage shall be primary and not contributor or excess.

◆◆ Attach a copy of the certificate of insurance

5. Agree in writing to cash sales only, collected by the vendor, during the event

6. Alcohol must not be purchased through the chapter treasury or through members pooling funds.

7. Drink specials and chapter subsidized drink pricing is expressly illegal.

8. Assume in writing all of the responsibilities that any other purveyor of alcoholic beverages would assume in the normal course of business, including but not limited to:

9. Checking identification cards upon entry

10. Not serving minors

11. Not serving individuals who appear to be intoxicated

12. Maintaining absolute control of all alcoholic containers present

13. Collecting all remaining alcohol at the end of a function (no excess alcohol, opened or unopened, is to be given, sold, or furnished to the chapter)

◆◆ Attach a written agreement signed and dated by the chapter president and the vendor stipulating agreement to the items required in the points above.



This form should also be signed and dated by both the chapter president and the vendor. In doing so, both parties understand that only through compliance with these stipulations will the chapter be in compliance with the risk management policies of the fraternity/sorority:

Chapter President: _____

Date: _____

Vendor: _____

Date: _____