Abraham Baldwi Agricultural Colle	Office Use Only Initials:	
Greek Life Fraternity & Sorority So	cial Event Registration FOR	Date Turned In:
This form must be completed by any fraternity of This form must be submitted to the <u>deanofstude</u> details must be placed in COURSEDOG. This for	ents@abac.edu at least two weeks pri	nction on or off campus. or to event date and
Host Chapter or Sponsor:		
Other Participating Chapters or Co-Sponso	rs:	
Person Filing Request:	_Phone:E-mail_	
<u>I</u> Type of Event: □ Date Party □ Mixer or Co-S Name of Event:		
Date of Event:Starting Time: _ No. Members Attending: No. Guests: Will Alcohol Be Present at this Event? □Yes	Ending Time: Total (Members + Guests): s □ No. If yes, complete ne	xt section.
EVENTS WITH ALCOHOL PRESENT <u>Type of Event</u> : BYOB or Third Party Vendor <u>Type of Alcoholic Beverages to Be Present</u> : Beer Liquor Wine		
Certified Peace Officer(s):		
How does this event represent our orga Fraternity and Sorority community?	anizational values and promote	e our image as members of the ABAC
in this form.	red events and accept fully the f rce all applicable College regula NDUCT CODE, we understand a ubject to sanctions, both individ ws are violated during or as a r sstatement of factual information i event will result in the College v ole to College sanctions. @abac.edu before the event if the	ollowingconditions: ations, state and local laws. and agree the organization, ually and as a group, if esult of this event. In this form from the above stated riewing this as a non-registered mere is a change in the plans outlined
ORGANIZATION ADVISOR	ORGANIZAT	ION PRESIDENT
Date: Abraham Baldwin Agricultural College n		esponsible for this event.
For ABAC		Date:
*** PLEASE NOTE: This form is due no		
be given for any Form A's that are I	ate and it MUST be paid before even cancelled. ***	nt or the social must be
<u>ounonou.</u>		