St. Lawrence University

Alcohol Event Registration Form

For all events where alcohol will be present

Requirements for completing the event registration process can be found online at http://stlawu.edu/studentlife/departments/student-activities-and-leadership/page/184.

This form does not contain all the information that is pertinent to the event registration process.

Social Host (1): ___________________________________ □ I am 21 years of age & TIPS trained (required) Phone: __________________________

Additional Hosts of Event (optional):

(2) Name: ___________________________________ Phone: __________________________ □ I am 21 years of age & TIPS trained (required)

(3) Name: ___________________________________ Phone: __________________________ □ I am 21 years of age & TIPS trained (required)

Sponsoring Organization(s): _____________________________________________________________________________________

Event Title: ______________________________________________  Date of Event: ____________________________

Location of Event: ____________________________________ Room/Location has been reserved**: YES       NO

(*Room must be reserved through appropriate procedures)

If applicable, RC/BC or Townhouse Council approval has been received: YES       NO

Event Setup: Bring a completed copy of the facilities request form with you when you reserve the space.

☐ Attach a copy of the facilities request form to this document.

Time (no more than 4 hrs): Beginning___________ Ending_____________ Expected Attendance: _______________________

(‘appropriate occupancy numbers for the space must be considered)

Description:_________________________________________________________________________________________________

_________________________________________________________________________________________________________

☐ Initial of social host indicating you understand that the Office of Student Activities and Leadership may request a meeting with you to confirm event details and setups before the event will be approved

ADDITIONAL EVENT DETAILS

Event is being advertised (circle those that apply): ON-CAMPUS OFF-CAMPUS

Off Campus Locations:  SUNY CANTON SUNY POTSDAM CLARKSON OTHER: _________________

Are you advertising to: STUDENTS FACULTY / STAFF OTHER:________________________

Will there be music? (circle one): NO BAND DJ PERSONAL STEREO EQUIPMENT (for Residence Hall spaces only)

List DJ/band’s name(s) here: __________________________________________________________

Does the event require you to complete a contract with a performer? YES       NO

If yes, please submit the completed, but unsigned contract in advance of the performance to be approved by an authorized University representative.

Food Requirements: Reasonable amounts of solid food (including carbohydrate & proteins) and non-alcoholic beverages must be available. Food must be provided in proportions sufficient to serve the expected attendance.

☐ Initial of social host indicating you have discussed the plan for food with Dining Services (x5996)

☐ Attach a copy of the completed function sheet from Dining Services to this form.
SOCIAL HOST RESPONSIBILITIES AND ALCOHOL POLICY AGREEMENTS

Persons at least **21 years old** are eligible to consume alcoholic beverages and must be identified by a marking system, and those individuals are permitted to consume and/or possess alcohol in accordance with New York State Law and the St. Lawrence University Student Alcohol Policy. Those who plan to consume alcohol must bring their own in accordance with University guidelines found in the Student Handbook (pp. 41-46). The maximum limit is **6 drinks per person for a 4 hour party**. Those coordinating the party in conjunction with TIPS monitors are responsible for regulating alcohol consumption and distribution. Donations may not be collected at an event with the intent to purchase alcohol. For more information read the Social Host 101 handout.

________ Initial of social host indicating you have read and understand the policy in the Student Handbook (pp. 41-46 & 57-58).

________ Initial of social host indicating you will assist students & work to provide “Safe Walks” from the event through Security & Safety

________ Initial of social host indicating you understand that you are required to contact security at x5555 if a problem (i.e. disruptive behavior, abuse of alcohol and drugs etc) occurs during your event. A failure to report a problem during an event could result in a social host’s ability to register future events.

TIPS (TRAINING FOR INTERVENTION PROCEDURES) MONITORS

TIPS monitors are required for all events with alcohol present. The sponsoring organization is responsible for contacting and securing TIPS monitors from the list of on-campus trained TIPS monitors (provided online). All of the required TIPS monitors should be members from the sponsoring organization. **TIPS monitors may not be compensated for their time and must all serve on a volunteer basis.**

In the event that TIPS monitors are not present at the start time of the event, the event will not begin. Therefore, we recommend that you are in communication and contact with the TIPS monitors. For more information read the TIPS monitor 101 & 102 handouts.

Below is the ratio of TIPS monitors needed at events:

- < 75 students = 2 TIPS monitor
- < 100 students = 3 TIPS monitors
- < 150 student = 4 TIPS monitors
- < 199 students = 5 TIPS monitors
- >200 students = 5 TIPS monitors + Security Officer

Additional Security must be present at special/large events where more than 200 people are in attendance. This will be at the cost of the sponsoring organization.

TIPS Monitors (please print clearly)

1. ____________________________
2. ____________________________
3. ____________________________
4. ____________________________
5. ____________________________

EVENT APPROVAL: Signature Is Required Before Event Can Occur:

Amy Calapa, Assistant Director, Student Activities and Leadership Date

This portion of the form is to be filled out the night of the event

By signing this form, I agree to take responsibility for the event and the details associated with the event listed on this registration sheet. I understand that if for any reason I am requested by a University official to implement changes in the way the activity is conducted, I will do so immediately. I also understand that should I not make required changes or should participants not be responsive to the changes, the activity may be postponed, cancelled, or terminated. Furthermore, I will contact appropriate University officials if I have any University policy-related concerns whatsoever about the implementation of the event.

Social Host(s) Signatures
(1) ____________________________
(2) ____________________________
(3) ____________________________

TIPS Monitors Signatures
1. ____________________________ Security Officer Opening Time
2. ____________________________
3. ____________________________
4. ____________________________
5. ____________________________

Security Officer Comments: Please feel free to use this space to inform Student Activities and Leadership of any incidents at the event or things to be aware of for future registered events. Event attendance may also be recorded here if noted.

Please return the completed form to Student Activities and Leadership.