St. Lawrence University
Special Event Registration Form
For all non-alcoholic major events or events with 100+ guests

Date & Time Received: ______________________

Must be submitted to the Student Activities & Leadership Office
2 weeks prior to the event by 4:00 p.m.

Requirements for completing the event registration process can be found online at
This form does not contain all the information that is pertinent to the event registration process.

Social Host (1): ______________________________________ Phone: ____________________

Additional Hosts of Event (optional):  (2) Name: _____________________________ Phone: ____________________
(3) Name: _____________________________ Phone: ____________________

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: 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: Do you plan to provide food at your event? YES NO

If yes, you must contact Dining Services for assistance with providing food at your event.

☐ 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 AGREEMENTS
For more information read the Social Host 101 handout.

Initial of social host indicating you have read and understand the Social Function policy in the handbook (pgs. 57-58).
Initial of social host indicating you will assist students and work to provide “Safe Walks” from the event through the Security & Safety Department.
Initial of social host indicating you understand that you are required to contact security at x5555 if a problem (i.e. disruptive behavior, presence of alcohol or 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 that are categorized as major events (see handbook pp. 57-58). 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:

<table>
<thead>
<tr>
<th>Students</th>
<th>TIPS Monitors</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt; 75</td>
<td>1</td>
</tr>
<tr>
<td>&lt; 100</td>
<td>2</td>
</tr>
<tr>
<td>&lt; 150</td>
<td>3</td>
</tr>
<tr>
<td>&lt; 199</td>
<td>4</td>
</tr>
<tr>
<td>&gt; 200</td>
<td>4 + Security Officer</td>
</tr>
</tbody>
</table>

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

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

Security Officer ____________________________
Opening Time ____________________________

Security Officer ____________________________
Closing Time ____________________________

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.