

Lawrence University Off-Campus Party Registration Form

This form must be approved by a Dean of Students staff member at least three working days in advance of the event.

Registration

Name of Event _____ Day/Date of Event _____

Start time of event _____ End time of event _____ Number of people anticipated _____ Room/Building Capacity _____

Sponsor(s) of event _____

Location of Event (address, contact person, phone number) _____

Description of event:

Will alcohol be present? Yes or No (please circle)
(Wristbands are available at the Campus Life Office)

Responsibility

Obtain names and signatures of three people responsible for the event. These people are responsible for guest behavior and for ensuring compliance with all applicable University policies, city ordinances and state laws. Party hosts should consult with the facility contact person regarding fire safety/capacity considerations, and other restrictions. If the event is sponsored by a campus organization or department, it is understood that the people listed below are signing on behalf of their organization or department.

By signing below, I acknowledge and attest that I understand the policies and laws applicable to holding an event and I will be present for the duration of the event. The information submitted on this form is true and accurate to the best of my knowledge.

Name _____ Address _____ Cell _____ Signature _____

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(Please Print)

Name _____ Address _____ Cell _____ Signature _____

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(Please Print)

Name _____ Address _____ Cell _____ Signature _____

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(Please Print)

Received by: _____ Date: _____

Comments: _____

Dean of Students Office representative please distribute to: Security Dean of Students Office Sponsor RHD on Duty Campus Life