

APPENDIX D

*Delta Chi Lambda, Inc.*

Special Event Form

Entity Name: \_\_\_\_\_ Chapter: \_\_\_\_\_

Date(s) and time of Event: \_\_\_\_\_

Location Name and Address: \_\_\_\_\_

Purpose of Event:

Type of Event and Details:

Is this an athletic event?: Yes/No

*\*If "yes" waivers are required for each participant*

**Special Event Form Cont'd**

**Administration**

Event Chairperson Name: \_\_\_\_\_ Phone # \_\_\_\_\_

Is there a co-sponsor? Yes/No      If yes, who is the co-sponsor: \_\_\_\_\_

Is a sorority or fraternity involved in planning or working the event? Yes/No

If yes, name of sorority/fraternity and person in charge: \_\_\_\_\_

Does the sorority/fraternity have insurance? Yes/No, \*If yes, provide a copy of certificate of insurance

Planned Number of Attendance: \_\_\_\_\_

Will there be special construction, alterations, or decorations for this event?: Yes/No

If yes, please explain: \_\_\_\_\_

Has this event been held in the past?: Yes/No      If so, how many times?: \_\_\_\_\_

Will alcoholic beverages be permitted?: Yes/No      \*If yes, refer to "Alcohol" section

Who is responsible for security?: \_\_\_\_\_

Are Certificates of Insurance obtained from vendors?:

    Liquor legal liability: Yes/No      General Liability: Yes/No

Has vendor(s) provided proof of liquor license and temporary license to be displayed on the premises?: Yes/No

Is the sorority named as an additional insured on all certificates from vendors? Yes/No

Have applicable permits and permission been obtained from authorities?

    College/University: Yes/No      Fundraiser: Yes/No

**Special Event Form Cont'd**

**Has any written contract or agreement been signed for any part of this special event? Yes/No**

**Have you received and correspondence requesting proof of insurance for this event? Yes/No**

**Has a draft of promotional materials been created for this event? Yes/No**

\*\*\*A copy of any contracts, insurance requests, licenses, etc. should be sent to National Director of Compliance for review.

**Additional Insured**

**Please provide the NAME and ADDRESS (city, state, zip code) of and Additional Insured to be added to the International Policy**

**Reason for adding Additional Insured**

**Security**

**What type of security will be present at the event? Circle all that apply.**

Public police/security

Private police/security

Paid security

**Will a security guard be present at the event? Yes/No**

**Will security check for weapons at the event? Yes/No**

**Are security personnel and/or monitors trained on preventing illegal drug use? Yes/No**

**Are security personnel trained on preventing disorderly conduct and hazing? Yes/No**

### **Special Event Form Cont'd**

**Are security personnel and/or monitors trained on preventing sexual abuse and harassment?**  
Yes/No

**Are members and guests hand stamped for reentry if they choose to leave the premises?**  
Yes/No

**Is smoking permitted at the event?** Yes/No

**If "yes" is there a designated smoking area?** Yes/No

**Has the event facility been inspected to insure it complies with applicable federal, state and local fire and safety codes?** Yes/No

**Are members and guests informed of emergency exit/evacuation routes?** Yes/No

**Is there one well-lit entrance that is controlled and monitored?** Yes/No

### **Alcohol**

**Are security personnel, monitors, bar staff, and/or vendors trained on how to deal with intoxicated guests?** Yes/No

**Are wristbands or other methods used to designate those under the legal drinking age?**  
Yes/No

**Is a government issued ID required for entrance into the event?** Yes/No

**Are those consuming alcoholic beverages given a punch card to keep track of quantity and type of alcohol?** Yes/No

**Will intoxicated members and guests be served by bar staff?** Yes/No

**Is there a centralized location where alcohol and food will be served?** Yes/No

**Is there a guest and member list at the door?** Yes/No

**Are food and non-alcoholic beverages available, visible and easily accessible?** Yes/No

**Do you have a policy on confiscating keys from intoxicated guests?** Yes/No

**Is transportation (taxi, Safe rides, etc.) available for guests who need or request it? Yes/No**

---

*The undersigned have read and understood the requirements as detailed in this checklist*

\_\_\_\_\_  
**Entity President**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Event Chairperson**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Chapter Adviser**

\_\_\_\_\_  
**Date**

**Did you remember to??**

- Complete the form in its entirety and return to National Director of Compliance
- Obtain all required signatures, as noted above?
- Submit additional insured requests, if necessary?