



ARKANSAS STATE UNIVERSITY NPHC GREEK EVENT PLANNING FORM



- ❖ This form is required for all chapter-related events
- ❖ This form must be submitted to the Office of Greek Life by **5pm at least 14 days prior to the event.**
- ❖ **For co-sponsored events the form must be signed by all participating organizations.**

Date of Event:

Type of Event:

- On Campus Party
- Off Campus Party
- Other = Please Describe:

Event Hosting Chapter(s):

Event Theme:

Event Location (address must be provided if off campus):

Hours of Event: Start Time:

End Time:

Approximate Attendance Expected:

Main Contact Person for Event:

Phone #:

Secondary Contact Person for the Event:

Phone #:

Security Agency Contracted for the Event:

Phone #:

By signing I understand the policies set forth by Arkansas State University, The Greek Life Office, and the National Pan-Hellenic Council.

(Chapter Representative)

(Signature)

(Co-Sponsoring Chapter Representative)

(Signature)

(Chapter Advisor)

(Signature)

(Co-Sponsoring Chapter Advisor)

(Signature)

(Security Representative if ASU UPD is not Used)

(Signature)

