
Director of Fraternity & Sorority Programs

DATE

**FRATERNITY & SORORITY PROGRAMS
NON-ALCOHOLIC FUNCTION ACTIVITY AGREEMENT
FOR FRATERNITIES AND SORORITIES**

Office Use Only:

Date Rec'd _____

By _____

Date Posted _____

By _____

This contract/document is not valid until checked in and dated by a staff member of the Fraternity & Sorority Programs Office at least **two (2)** days prior to the scheduled event.

The Greek Non-Alcoholic Social Agreement is to be completed for any event that your chapter wishes to count toward the required **three (3) non-alcoholic functions per semester**. This agreement was designed specifically for non-alcoholic events between multiple chapters. **Each chapter must do all (6) Non-Alcoholic functions for the year with (6) different organizations.**

Social Chair(s) are responsible for seeing that the terms of this agreement are executed before and during the event (i.e. – members are sober, attendance sheet, etc.). Each chapter participating in the non-alcoholic activity **MUST** sign this agreement for it to be counted toward the required three (3) non-alcoholic events per semester.

1. Chapter(s) Participating: _____

2. Date of Event: _____ Time of Event: Start _____ Finish _____

3. Location of Event: _____

Please indicate any special activities at the event, and/or food & beverages provided:

We, the undersigned representatives of our Fraternity/Sorority, have faithfully and without misrepresentation reported the plans for the aforementioned event. We have read this agreement and the IFC/PHC “Guidelines for fraternity/Sorority Use of Alcohol” as well as our own Inter/National Fraternity/Sorority policies governing such events. We acknowledge that IFC/PHC has no information pertaining to the event other than what we have provided.

We are fully aware of all policies and agree to be bound by them. Furthermore, we are aware that if our chapter fails to abide by these policies, including adherence to the provisions for this contract, we will be asked to appear before the Greek Review Board.

1. _____ 2. _____

PARTICIPATING CHAPTERS – (if more than 2 chapters, please fill out multiple forms)

1. _____ 2. _____

PRESIDENTS’ SIGNATURES

1. _____ 2. _____

SOCIAL CHAIRS’ SIGNATURES

1. _____ 2. _____

RISK MANAGEMENT CHAIRS’ SIGNATURES