

ALPHA PHI ALPHA FRATERNITY, INC.

SPECIAL EVENT CHECKLIST

PLEASE TYPE OR PRINT LEGIBLY

Chapter Name: _____	Key Number: _____	Alumni	College
Purpose of Event: _____	Location of Event: _____		
Date(s): _____	Location Address: _____		
	City	State	Zip

EVENT ACTIVITIES

Type of event and details:

Athletic Event? Yes No If yes, waivers are needed for each participant.

ADMINISTRATION

1. Event Chairman: Name: _____ Phone #: _____

2. Is there a co-sponsor? Yes No If Yes, who? _____

3. Is a sorority involved in planning or working the event? Yes No If Yes, name of sorority and person in charge. _____

Does the sorority have insurance? Yes No

4. Planned Attendance: _____

5. Estimated Attendance: _____

6. Will there be a special construction, alterations or decorations for this event? Yes No

If yes explain: _____

7. Has this event been held in the past? Yes No How many times? _____



8. Have there been any previous claims? Yes No If so, explain in detail what changes you have made to prevent additional claims: _____

9. Will alcohol beverages be permitted? Yes No If yes, refer to "Alcohol" section.

10. Who is responsible for security? _____

11. Are Certificates of Insurance obtained from vendors?

A. Liquor Legal Liability Yes No

B. General Liability Yes No

12. Has vendor(s) provided proof of liquor license and temporary license to see on premises?

Yes No

13. Is the fraternity named as an additional insured on all certificates from vendors?

Yes No

14. Have applicable permits and permission been obtained from authorities:

A. College/University Yes No

B. Fund Raiser Yes No

ADDITIONAL INSUREDS

1. Name and Address of any Additional Insureds to be added to the National policy:

2. Reason for adding Additional Insureds: _____

** If event requires additional insureds, (page 16) Additional Insured Request Form must also be completed.*

SECURITY

1. Type of security consists of: (If combination, please select which two make up the combination)

Public Police Private Police Combination Paid

2. Is there a security guard? Yes No

3. Does security guard check for weapons? Yes No

4. Are security personnel trained on enforcing illegal drug use? Yes No



5. Are monitors and security personnel trained on preventing disorderly conduct or hazing?	Yes	No
6. Are members or guest hand stamped if they want to leave and return to party?	Yes	No
7. Is smoking permitted at event?	Yes	No
8. If yes, is there a designated smoking area?	Yes	No
9. Has event facility been inspected to ensure that it complies with applicable federal, state and local safety and fire codes?	Yes	No
10. Are guests and members informed of emergency evacuation routes?	Yes	No
11. Is there one well lit entrance that is controlled and monitored?	Yes	No
12. Are security personnel and/or monitors trained on preventing sexual abuse and harassment?	Yes	No

ALCOHOL

1. Are security personnel, monitors, bar workers and/or vendors trained on how to deal with intoxicated guests and members?	Yes	No
2. Are wrist bands or other method provided for designating those who are not of legal drinking age?	Yes	No
3. Are all who are allowed to enter presenting I.D.?	Yes	No
4. Are those bringing alcoholic beverages giving a punch card showing alcoholic quantity and type?	Yes	No
5. Will intoxicated guest or members be served alcohol by bar workers?	Yes	No No
6. Is there only one centralized location where alcohol and food is being served?	Yes	No
7. Is there a guest and member list at the door?	Yes	No
8. Are food and alternative non-alcoholic beverages available, visible and easily accessible?	Yes	No
9. Do you have a policy on confiscating keys from intoxicated guests?	Yes	No

YOU MUST STOP SERVING ALCHOL AT LEAST ONE HOUR BEFORE EVENT ENDS



TRANSPORTAION

1. Is transportation (taxi, Safe Rides, Sober Rides, exc.) available for guest who need or request it? Yes No

The undersigned have read and understand the requirements as outlined in this checklist;

*Chapter President: _____ Signed: _____ Date _____

Chapter Treasurer: _____ Signed: _____ Date _____

Chapter Vice President: _____ Signed: _____ Date _____

Chapter Risk Manager: _____ Signed: _____ Date _____

*Event Chairman: _____ Signed: _____ Date _____

*Advisor (College Chapters): _____ Signed: _____ Date _____

* Required Signatures - Checklist will be returned and not processed if all required signatures are not listed.

DISCLAIMER

This questionnaire is being used to assist the chapter in having a safe event.

December 19, 2005

DID YOU REMEMBER TO?

- ✓ Get all required signatures
- ✓ Include all additional insureds (Additional Insureds line 1-2 and supplemental form **p. 16**) to be included on the policy (if applicable)
- ✓ Indicate how the certificate of insurance should be returned to the chairperson
- ✓ Present a complete and professional form

Please return this Special Event Checklist to the Corporate Headquarters no later than three weeks prior to the event. Failure to submit this form within the appropriate time frame will result in the certificate not being processed in time for the event. Waiver forms should be signed by the participants involved in athletic events, however the Chapter keeps the waiver forms for their records and do not have to forward them with the Checklist.



Insurance Contact Information Form

Please provide the following information to ensure that the certificate of insurance will be sent to the appropriate person.

Event Chairperson: _____

Address: _____

Phone Number: _____

Fax Number: _____

Email Address: _____

Chapter Name: _____ Key#: _____

Date(s) of Event: _____

Please select how the certificate of insurance should be sent to the event chairperson.

Mail Fax Email

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