



Event Registration Form

Please print neatly and answer as specifically as possible. Bring completed form to your event registration meeting.

Event Day & Date: _____ From: _____ a.m./p.m. To: _____ a.m./p.m.

Event Name: _____ Location: _____

Sponsoring Organization: _____

Estimated Attendance: _____ Estimated attendance by individuals 21 years or older: _____

Event description and details (attach additional sheet if necessary): Note, failure to fully disclose the nature and details of your event could result in cancellation of the event. _____

Event Type: Check the appropriate box for the type of event you are registering. See the "Event Registration and Hosting Guidelines" for full description of event types.

- Type 1:** Attendance may not exceed 100 and is limited to CMC students and their invited guests only.
- Type 2:** Attendance not to exceed 250 and is limited to CMC students and their invited guests only.
- Type 3:** Attendance will exceed 250. Attendees may be a CMC student or a student registered at one of the Claremont Colleges and their invited guests if the event is registered as open to other CUC colleges (must be indicated on the form).

Refreshments: Please include description and quantity.

Food: _____

Non-Alcoholic Beverages: _____

Alcohol: (Specify requested amount & type.) _____

Amount and Type of Alcohol Approved by DOS Staff: _____

Name(s) of server(s): _____

As an Event Host, I have read and agree to abide by Claremont McKenna College policies as set out in the Claremont McKenna College *Guide to Student Life*. Additionally, I have read and agree to abide by the "Event Hosting Guidelines" provided by the Dean of Students Office. I will ensure that my guests observe College policies including those regarding alcohol. I agree to be present for the duration of the event and will not drink alcohol at any point during or prior to the event. Additionally, I understand that as an Event Host I am responsible for any damage, security, or clean-up charges that may result from this event.

By signing below I acknowledge and agree with the above statement:

Name: _____ Cell: _____ Signature & Date: _____

Name: _____ Cell: _____ Signature & Date: _____

Name: _____ Cell: _____ Signature & Date: _____

Approval Signatures and Date (as appropriate):

DOS Office: _____ Story House: _____ Other: _____