



# Event Planning Form: Alumni Chapters & Associations

This is the full version of the Event Planning Form. Questions will populate based on your answers. The form must be completed in one sitting, there is no place to save your answers. As stated in the National Risk Management Policy (NRMP), the Event Planning Form must be submitted a minimum of 30 days in advance of the event. Requests for Certificate of Insurances may require additional communications.

1

Check Alumni Chapter/Association. Pick your Chapter or Association. Write the name of your event. Write who is submitting the form and their email address. Read and agree that the event will abide by the NRMP requirements.

**Is this event for: \***

Collegiate Chapter

Alumni Chapter/Association

**Chapter and University \***

**Chapter/Association \***

**Name of Event/Function \***

**Submitted By: \***

**Email Address: \***

**I have reviewed and understand the requirements of this event, as stated in the National Risk Management Policy ([phisigmapi.org/nrmp](http://phisigmapi.org/nrmp)). \***

I agree that this event will abide by those requirements.



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2

Choose what type of event it is. For an ICR event a drop down will appear with additional information that need to be followed for the event.

What type of event is this? \*

- Chapter
- Inter-Chapter Event
- Community

As stated in the [National Risk Management Policy](#), "Chapters and Associations hosting Inter-Chapter Events shall collect emergency contact information from all non-host attendees, via method selected by the host Chapter or Association, no later than the beginning of the event, or at the time the attendee arrives, whichever comes later.

The host Chapter or Association shall maintain the emergency contact information for 24 hours past the completion of the Inter-Chapter Event. After 24 hours has passed, the host Chapter or Association shall promptly destroy the emergency contact information records, preferably by shredding the document(s), unless otherwise authorized by the attendee. Initiates may only be in attendance at Inter-Chapter Events that are hosted by their Collegiate Chapter."

Sample liability waivers and emergency contact forms can be found [here](#).



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3

Check any of the elements that apply to your event. Based on your choices certain drop down sections will be revealed.

Does the event involve any of the following components?

Check all that apply. \*

- A contract/agreement with a third party is required and will be signed by the host Chapter/Association
- Alcohol will be permitted/present at the event
- It is an ICR event and/or anticipated attendance will be more than three times the Chapter/Association size, including Members
- The event requires transportation (Transportation provided by host or attendees or arranged with a third-party vendor.)
- Evidence of insurance (or an additional insured added to a certificate of insurance) is required
- Any athletic activity that has the potential for injury. (The Chapter or Association hosting the event shall collect liability waivers and emergency contact forms prior to the beginning of the event.)
- Animals will be a part of the event
- The event will be held/activities will take place on the water. i.e. kayaking, tubing, paddle boats, a boat, a dinner cruise, a yacht, etc.
- The event is co-sponsored with another Chapter/Association organization
- The event has been held in the past with an incident
- None of the above

If a contract and/or an agreement with a third party is required.

Before signing a contract with a third-party vendor please submit all documents for review.

- a. All concerns and required revisions to the contract will be shared with the Chapter/Association representative.
- b. Chapter/Association representative will be responsible for sharing all required revisions of the contract to the third-party vendor they have chosen to work with.
- c. Revised contract will need to be submitted for final approval to the National Office.
- d. Review process must be repeated each time the Chapter/Association signs a new contract.

Please note that it could take up to 30 business days for the entire review process to be finalized. This is because the National Office, James R. Favor & Co. and the vendor must confirm that the contract is mutually agreeable.



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If alcohol will be present at the event.

Phi Sigma Pi National Honor Fraternity discourages but does not prohibit, the use of alcoholic beverages at any Phi Sigma Pi sponsored event, function or meeting, with the exception of New Member and/or Initiate Events. Although, if alcohol is present, Members must follow the proper event planning steps available in the [National Risk Management Policy](#). Illicit use of controlled substances as defined by state and federal law at any Phi Sigma Pi sponsored event, function or meeting is prohibited. All Chapters must adhere to the [Phi Sigma Pi Alcohol and Illegal Substance Policy](#). Additional alcohol policies and best practices can be [reviewed here](#).

A third party vendor must be used to provide alcohol during the event and the [third party vendor guidelines](#) and [checklist](#) must be adhered to. Before signing a contract with a third-party vendor please submit all documents for review.

- a. All concerns and required revisions to the contract will be shared with the Chapter/Association representative.
- b. Chapter/Association representative will be responsible for sharing all required revisions of the contract to the third-party vendor they have chosen to work with.
- c. Revised contract will need to be submitted for final approval to the National Office.
- d. Review process must be repeated each time the Chapter/Association signs a new contract.

Please note that it could take up to 30 business days for the entire review process to be finalized. This is because the National Office, James R. Favor & Co. and the vendor must confirm that the contract is mutually agreeable.

If transportation and/or going off-campus will be a part of the event.

If a third-party transportation company will be used, please submit all documents for review, before signing any contracts.

- a. All concerns and required revisions to the contract will be shared with the Chapter/Association representative.
- b. Chapter/Association representative will be responsible for sharing all required revisions of the contract to the third-party transportation company they have chosen to work with.
- c. Revised contract will need to be submitted for final approval to the National Office.
- d. Review process must be repeated each time the Chapter/Association signs a new contract.

Please note that it could take up to 30 business days for the entire review process to be finalized. This is because the National Office, James R. Favor & Co. and the vendor must confirm that the contract is mutually agreeable.

If Members will be driving their own vehicles, all drivers must complete the Volunteer Driver Statement. Please submit these to [riskmanagement@phisigmapi.org](mailto:riskmanagement@phisigmapi.org) before the event date.



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If evidence of insurance is required.

The National Office does not condone Chapters/Associations participating in events that includes a vendor, rental property, animal shelter, etc. requesting to be added as "additional insureds" on Phi Sigma Pi's insurance policy. What this means is that these groups are requesting to be covered by Phi Sigma Pi's National insurance policy, should an unfortunate event (this includes a Member or an event participant being bitten while interacting with an animal) occur while the Chapter/Association is participating in/hosting the event.

If an athletic event will be part of the event.

As stated in the [National Risk Management Policy](#), the Chapter/Association must have each participant complete a liability form with emergency contact information. The emergency contact information must be destroyed 24 hours after the event and the liability form portion must be archived for one year and then properly destroyed. Sample forms can be found [here](#).

Because this is an athletic event, there is no medical insurance coverage provided to attendees of the event. Each individual attendee is responsible for securing and maintaining their own medical coverage. Please note this with the attendees.

If animals are to be a part of the event. However, most if not all events that will have animals present will not be approved. For alternatives or for more clarification, please email [riskmanagement@phisigmapi.org](mailto:riskmanagement@phisigmapi.org).

The National Office does not condone Chapters/Associations participating in events with animals, unless both the National Fraternity and the Chapter/Association are listed as "additional insureds" on a partnering organization's insurance, such as The Humane Society. Animals can be unpredictable, leading to possible unexpected injury to those handling them outside of their natural environment.

1. Before confirming and advertising an event with animals please contact the National Office at [riskmanagement@phisigmapi.org](mailto:riskmanagement@phisigmapi.org) with event details.

a. Chapter/Association will be responsible for securing a certificate of insurance from the organization they are partnering with such as, their local university or animal shelter/humane society which names the national entity of Phi Sigma Pi and the local Chapter/Association as "additional insureds" on their policy.

b. A copy of the certificate of insurance must be submitted to the National Office 10 business days in advance of the scheduled event.

c. The National Office will submit the final certificate of insurance to James R. Favor & Co. for archive purposes.

d. Chapter/Association will continue to work with the National Office to ensure safe planning and execution of the event.

2. Please note that it could take up to 30 business days for the partnering organization's insurance company to issue a certificate of insurance that complies with Phi Sigma Pi standards.



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If part of the event will take place on the water.

The National Office does not condone Chapters/Associations participating in events that are held on the water, i.e. kayaking, tubing, paddle boats, a boat, a dinner cruise, a yacht, etc. Due to the liability and insurance risks, any activities taking place on the water, [liability waivers and emergency contact forms](#) must be completed by all participants. Any event held on a watercraft larger than 58 feet in length will require special event insurance to be purchased. The cost of the special event insurance starts at \$1,000. If the Chapter/Association would like to get a quote for the special event insurance for an event email [riskmanagement@phisigmapi.org](mailto:riskmanagement@phisigmapi.org).

If event does not match any of the "check all of the apply" components. The form may still be completed.

The Event Planning Form serves as evidence of the Chapter's/Association's planning. Your Chapter/Association is encouraged to have an event planning process in place for all Official Chapter/Association events that do not meet the above criteria. A planning process should be completed to ensure:

- the Chapter/Association understands the organization's policies and procedures related to the event
- the event meets budget guidelines
- the event has Chapter/Association approval and can be placed on the Chapter calendar

4

Answer if the event requires a tax identification number or non-profit status.

Does this event require a tax identification number or non-profit status? \*

- Yes  
 No

The National Office has specific guidelines regarding use of tax identification numbers and application of the National non-profit status. Please refer to [this document](#) for additional information.



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5

Check which leg(s) of the Tripod the event falls under. Write the purpose of the event.

Which leg(s) of the Tripod is this event? \*

- Scholarship
- Leadership
- Fellowship

Purpose of Event \*

6

Answer if the event has been held before and how many times.

Has this event been held in the past? \*

- Yes
- No

How many times? \*



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7

Answer if any injuries of incidents have occurred as a result of the event. If yes, explain.

Have there ever been previous injuries or incidents as a result of this event? \*

- Yes  
 No

Please explain. \*

8

List the event start date and time and the end date and time.

Event Start Date \*

01 - 11 - 2019   
Month Day Year

Event Time Start \*

: PM  
Hour Minutes

Event Date End

01 - 11 - 2019   
Month Day Year

Event Time End \*

: PM  
Hour Minutes





# Event Planning Form: Alumni Chapters & Associations

9

Write the name of the event location and the address.

**Name of Location \***

  
  
**Address of Location \***  
Street Address  
Street Address Line 2  
City  
State / Province  
Postal / Zip Code  
Country

10

If transportation is a part of the event, select the type of transportation.

**Type of Transportation \***

  
  

If a third-party transportation company will be used before signing a contract please submit all documents for review.

- a. All concerns and required revisions to the contract will be shared with the Chapter/Association representative.
- b. Chapter/Association representative will be responsible for sharing all required revisions of the contract to the third-party transportation company they have chosen to work with.
- c. Revised contract will need to be submitted for final approval to the National Office.
- d. Review process must be repeated each time the Chapter/Association signs a new contract.

Please note that it could take up to 30 business days for the entire review process to be finalized. This is because the National Office, James R. Favor & Co. and the vendor must confirm that the contract is mutually agreeable.

If Members will be driving their own vehicles, all drivers must complete the [Volunteer Driver Statement](#).



# Event Planning Form: Alumni Chapters & Associations

1 1

Fill in the planned number of attendees.

<b>Number of Host Chapter/Association Members *</b>	
<input type="text" value="ex: 23"/>	
<b>Number of Alumni Members *</b>	<b>Number of ICR Members *</b>
<input type="text" value="ex: 23"/>	<input type="text" value="ex: 23"/>
<b>Number of Guests *</b>	<b>Total Number of Attendees *</b>
<input type="text" value="ex: 23"/>	<input type="text" value="ex: 23"/>

1 2

Answer if there is a registration packet. If so, upload a copy. Describe the activities of the event.

**Is there a Registration Packet or agenda for this event? \***

Yes  
 No

**Please attach a copy of the registration packet and/or agenda. \***

No file chosen

**Please describe event activities \***



# Event Planning Form: Alumni Chapters & Associations

1 3

Fill in the planned number of attendees.

Will there be any special construction, alteration or decorations for this event? \*

- Yes  
 No

Explain: \*

1 4

Answer if there will be alcohol at the event. Check that you have read and understand the alcohol policies. If alcohol will not be present, two additional question will need answered. The rest will not be revealed.

Will alcohol be permitted/present at this event? \*

- Yes  
 No

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Have you read, and you understand all local and national alcohol policies? \*

- I have read and understand.



# Event Planning Form: Alumni Chapters & Associations

15

If alcohol is permitted, a third-party vendor must provide it. Describe how the alcohol will be provided by the vendor. Attach the vendor contract and the vendor checklist.

**Since alcohol will be permitted, I agree that all alcohol be provided by a third party vendor and cash/individual basis. \***

I agree that alcohol will provided by a third party vendor.

A third party vendor must be used to provide alcohol during the event and the [third party vendor guidelines](#) and [checklist](#) must be adhered to. Before signing a contract with a third-party vendor please submit all documents for review.

- a. All concerns and required revisions to the contract will be shared with the Chapter/Association representative.
- b. Chapter/Association representative will be responsible for sharing all required revisions of the contract to the third-party vendor they have chosen to work with.
- c. Revised contract will need to be submitted for final approval to the National Office.
- d. Review process must be repeated each time the Chapter/Association signs a new contract.

Please note that it could take up to 30 business days for the entire review process to be finalized. This is because the National Office, James R. Favor & Co. and the vendor must confirm that the contract is mutually agreeable.

**How will alcohol be provided by the vendor? \***

**Attach third party vendor contract \***

No file chosen

**Attach third party vendor checklist \***

No file chosen

16

Answer if the University permission is require and how it was secured.

**Is University permission required for use of alcohol at this event? \***

Yes

No

**Please explain how University permission was secured. \***



# Event Planning Form: Alumni Chapters & Associations

**17**

Answer what procedures will be followed if minors are observed drinking.

What procedures will be followed if minors are observed drinking? \*

**18**

Agree and describe what non-alcoholic beverages and snacks will be provided.

Since alcohol will be permitted, ample non-alcoholic beverages and snacks will be provided. \*

I agree that non-alcoholic beverages and snacks will be provided.

When alcoholic beverages are permitted/present, alternative non-alcoholic beverages and food of substantial quality shall be made available, free of charge to everyone. (High protein foods, i.e. cheese, meats, unsalted nuts are strongly encouraged.)

Describe what non-alcoholic beverages and snacks will be provided: \*

**19**

Answer the hours of the alcoholic beverage service. Service must stop 1 hour prior to end of the event and last no longer than 4 hours.

Hours of alcoholic beverage service start: \*

:  AM  
Hour Minutes

Hours of alcoholic beverage service end: \*

:  AM  
Hour Minutes



# Event Planning Form: Alumni Chapters & Associations

20

Answer is any licenses or permits are required. If yes, attach a copy.

Will there be any licenses or permits required for this event? \*

Yes  
 No

Attach Copy \*

No file chosen

21

Answer how the attendees of legal drinking age will be verified and identified.

When and how will the verification of legal drinking age be accomplished? \*

How will the third party vendor serving the alcoholic beverages identify persons of legal drinking age? \*

Hand Stamp  
 Wristband  
 Other- please list



# Event Planning Form: Alumni Chapters & Associations

22

Complete the transportation that will be provided for attendees.

What form of transportation will be provided for attendees? \*

- Taxi
- Bus
- Ride Sharing
- Third-party vendor driving service
- Other- please list

Explain: \*

23

Complete who will be responsible for compliance to the alcohol policies, procedures and liquor laws.

Who will be responsible for compliance with all Phi Sigma Pi National Honor Fraternity alcohol policies/procedures and liquor laws?

Name \*

Chapter Position \*



# Event Planning Form: Alumni Chapters & Associations

24

Answer what type of property will be rented or used and attach any agreements or contracts.

**Which of the following types of property will you be renting, borrowing and/or using? \***

Real Property (ie: Conference room, hotel, University facilities, camp, barn, etc...)

Personal Property (ie: Boats, props, band or party equipment, etc...)

**Will there be any licenses or permits required for use of the above property? \***

Yes

No

**Attach Copy \***

No file chosen

**Explain \***

**Will you be required to sign any agreements or contracts for the use of the above property? \***

Yes

No

**Attach Copy \***

No file chosen





# Event Planning Form: Alumni Chapters & Associations

25

Answer if evidence of insurance required.  
Attach a copy of the written request.

**Is evidence of insurance required? \***

Yes  
 No

**Who is requiring the evidence of insurance? \***

**Written request must be provided directly from those requiring insurance information. Please attach a copy of that document that details the evidence of insurance requirement. \***

No file chosen

26

Complete how crowd control and security will be used.

**How will admission or attendance be controlled? \***

**Have arrangements been made to use security service? \***

Yes  
 No

**\*\*A certificate of liability insurance must be obtained from the security service.\*\***

**Type of security services to be used \***

University/College  
 Hotel  
 Third Party Security Company  
 Other



# Event Planning Form: Alumni Chapters & Associations

27

Answer if entertainment services will be used.

**D. Entertainment**

Will any entertainment services be use? (i.e. Band or DJ) \*

Yes  
 No

Explain: \*

28

Answer if food will be served. If it will be provided by a third-party, attach the corresponding contract.

**E. Food**

Will food be served? \*

Yes  
 No

Who will provide the food? \*

If food is provided by an outside service, have you signed a contract? \*

Yes  
 No

Attach copy of contract \*

Choose File No file chosen



# Event Planning Form: Alumni Chapters & Associations

29

Complete the emergency procedures for the event.

Since the Chapter/Association is hosting an athletic event that involves an element of competition and/or time-keeping, it is automatically required to have emergency services on-site.

Will emergency services be readily available at this event? \*

- Yes  
 No

Please attach a copy of proof of CPR and first aid certification. \*

No file chosen

No file chosen

Please explain how emergency services will be handled. \*

30

Answer who will be responsible for contacting the people listed.

Who will be responsible for contacting the following, if need for assistance arises?

- a. Police Department
- b. Security Guards
- c. Medical Services/Paramedics
- d. Fire Department

Name \*

Chapter Position \*



# Event Planning Form: Alumni Chapters & Associations

**3 1**

Complete the emergency procedures for the event. Answer who will be responsible for contacting the people listed.

Since the Chapter/Association is hosting an athletic event that involves an element of competition and/or time-keeping, it is automatically required to have emergency services on-site.

**Will emergency services be readily available at this event? \***

- Yes  
 No

**Please attach a copy of proof of CPR and first aid certification. \***

No file chosen

No file chosen

**Please explain how emergency services will be handled. \***

**Who will be responsible for contacting the following, if need for assistance arises?**

- a. Police Department
- b. Security Guards
- c. Medical Services/Paramedics
- d. Fire Department

**Name \***

**Chapter Position \***



# Event Planning Form: Collegiate Chapters

3 2

Answer who will be responsible for compliance with all Phi Sigma Pi policies and procedures.

3 3

Complete the form by accepting the terms and filling out the contact information.

Who will be responsible for compliance with all Phi Sigma Pi National Honor Fraternity policies and procedures?

Name \*

  
  

Chapter Position \*

I am submitting this request, on behalf of my Chapter/Association, for the underwriter's review of our planned function. By submitting this form, I declare that to the best of my knowledge and belief, the statements set forth herein are true. This questionnaire does not bind the underwriters, and the undersigned, on behalf of the organization, agrees that this form and said statements shall be the basis of consideration. The underwriters are hereby authorized to make any investigation and inquiry desired about this function. By including the names and email addresses of the Faculty/Alumni Advisor, Chapter President and the Event Coordinator, below I acknowledge that all parties have been made aware of all of the details of this function. \*

Accept

Submitted By: \*

  
  

Chapter Position: \*

  
  

Name of Faculty/Alumni Advisor \*

  
  

E-mail of Faculty/Alumni Advisor \*

  
  

Name of Chapter President \*

  
  

Email of Chapter President \*

  
  

Name of Event Coordinator \*

  
  

E-mail of Event Coordinator \*