

# INTERNAL EVENT PLANNING FORM

Beta Theta Pi Administrative Office \* P.O. Box 6277 \* Oxford, Ohio 45056  
(513)523-7591 \*FAX(513)523-2381

## DO NOT SUBMIT TO THE ADMINISTRATIVE OFFICE

School Name _____	Risk Manager's Name _____ Roll# _____
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### GENERAL INFORMATION

1. Type of Event \_\_\_\_\_ Purpose \_\_\_\_\_ Theme \_\_\_\_\_
2. Event Date \_\_\_\_\_ Time & Duration \_\_\_\_\_  
Location  Chapter House  Other - Explain \_\_\_\_\_
3. Planned Attendance  # Members \_\_\_\_  # Alumni \_\_\_\_  # Dates \_\_\_\_  # Guests \_\_\_\_  # Public \_\_\_\_
4. Is university permission required to have this event?  YES  NO
5. Has this event been held in the past?  YES  NO
6. Does this comply with the 3 to 1 ratio?  YES  NO
7. Have there been any previous claims, injuries or incidents as a result of this event?  YES  NO  
If so, explain what changes you have made to prevent a reoccurrence \_\_\_\_\_

## I. ALCOHOLIC BEVERAGE EXPOSURES

**NOTE: Beta Theta Pi's Risk Management Policy expressly forbids the purchase of alcoholic beverages through the chapter treasury or any pooling of member funds. Kegs and all other bulk distribution of alcohol are also forbidden by the policy.**

### A. ALCOHOL APPROVAL, POLICIES & SERVICE

1. Will alcohol be permitted during this event?  YES  NO--**GOTO II. CONTRACTUAL EXPOSURES**
  - a. When will alcoholic beverages be permitted?  Before  During  After
  - b. Who will purchase and/or provide the alcoholic beverages served?  
 Licensed Cash Bar  Individual Members  Guests  BYOB  Other
  - c. Will any direct or indirect charge be made for the alcoholic beverages?  YES  NO
  - d. Method of charge  Admission  Contributions  Charge by Drink  Donations  Other
  - e. Method of Service  Open Access  Chapter Members  Alumni  Prof. Bartenders  Other
  - f. What kinds of alcoholic beverages will be present?  Wine  6.0% Beer  3.2% Beer  Spirits
  - g. What method of control will be in place to limit individual consumption of alcohol? \_\_\_\_\_

2. Is university permission required for the use of alcohol at this function?  YES  NO
3. Have you read, and do you understand Beta Theta Pi's Alcohol Policy?  YES  NO
4. Does the usage of alcohol at this event comply with Beta Theta Pi's Policy on alcohol?  YES  NO
5. What procedures will be followed if minors are observed drinking? \_\_\_\_\_
6. Will ample non-alcoholic beverages be provided without charge at this event?  YES  NO
7. Hours of alcoholic beverage service \_\_\_\_\_ to \_\_\_\_\_

**YOU MUST STOP SERVICE AT LEAST 1 HOUR BEFORE EVENT ENDS!**

### B. LEGAL AGE IDENTIFICATION

**TWO FORMS OF ID, ONE WITH A PHOTO, ARE REQUESTED**

1. When and how will the verification of legal drinking age be accomplished? \_\_\_\_\_
2. How will those serving or providing the alcoholic beverages identify persons of legal drinking age:  
 Hand Stamp  Unremovable Wrist Band  Other \_\_\_\_\_

### C. DRUNK DRIVING PREVENTION

**USE PUBLIC TRANSPORTATION ONLY**

1. Event distance from campus/chapter house? \_\_\_\_\_
2. Will public transportation be provided for intoxicated persons?  YES  NO Explain \_\_\_\_\_
3. Will members and guests be required to check automobile keys at the door?  YES  NO
4. If so, how will this be monitored? \_\_\_\_\_

## II. CONTRACTUAL EXPOSURES

### A. CROWDCONTROL/SECURITY

1. How will admission or attendance be controlled? \_\_\_\_\_
2. Will chapter members serve as sober party monitors?  YES  NO If so, how many? \_\_\_\_\_
3. Will there be a guest List?  YES  NO
4. Have arrangements been made to use Security Service?  YES  NO
5. Type of Security Services to be used?  University/College  Hotel  Outside
6. Will a separate Security Service contract be required?  YES  NO
7. How many Security Guards will be present? \_\_\_\_\_  
Hours of Service \_\_\_\_\_ to \_\_\_\_\_

### B. ENTERTAINMENT/FOOD

1. Will any entertainment services be used (i.e. Band, D.J.)?  YES  NO
2. What food will be served? \_\_\_\_\_  
FOODS OTHER THAN THE SALTY SNACK VARIETY SHOULD BE SERVED
3. Who will provide the food? \_\_\_\_\_

## III. EMERGENCY PROCEDURES

1. Has Beta Theta Pi's Crisis Management Plan been reviewed by all Officers and Members?  YES  NO
2. Are emergency services readily available at this function?  YES  NO
3. Who will be responsible for contacting the following, if the need for assistance arises?
  - a. Emergency Personnel
  - b. District Chief
  - c. Chapter Counselor Name \_\_\_\_\_
  - d. BΘΠ Administrative Office Title \_\_\_\_\_  
Crisis Management Hotline (1-800-800-BETA, ext. 333)
  - e. University Officials
4. Who will be responsible for compliance with Beta Theta Pi's Risk Management Policy? Name \_\_\_\_\_  
Title \_\_\_\_\_

**THESE PERSONS SHOULD NOT BE ALLOWED TO CONSUME ANY ALCOHOLIC BEVERAGE.  
VARIATIONS FROM THE EVENT DESCRIBED HEREIN MAY ADVERSELY AFFECT INSURANCE COVERAGE.**

President's signature _____	Phone Number _____
Risk Manager's signature _____	Phone Number _____
Chapter Counselor's signature _____	
Chapter Counselor's Phone Number _____	Date _____

**KEEP THIS FORM FOR YOUR CHAPTER FILES**

### ADDITIONAL COMMENTS

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