

DELTA TAU DELTA

SPECIAL EVENT CHECKLIST

PLEASE TYPE OR PRINT LEGIBLY

Chapter Name: _____	Chapter Number: _____
Graduate	Undergrad
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 |
15. Has any written contract or agreement been signed for any part of this special event?*
- | | |
|-----|----|
| Yes | No |
|-----|----|
16. Have you received any correspondence requesting proof of insurance for the event?*
- | | |
|-----|----|
| Yes | No |
|-----|----|

***NOTE :** If yes is answered to questions 11, 12, 13, 15 or 16 a copy should be reviewed by an advisor!

ADDITIONAL INSUREDS

1. Name, Address, city, state and zip code of any Additional Insured to be added to the International policy: _____
2. Reason for adding Additional Insured: _____

NOTE: If event requires additional insured *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 preventing illegal drug use? Yes No
5. Are monitors and security personnel trained on preventing disorderly conduct or hazing?
- | | |
|-----|----|
| Yes | No |
|-----|----|
6. Are members or guests hands stamped if they want to leave and return to party?
- | | |
|-----|----|
| Yes | No |
|-----|----|



TRANSPORTATION

1. Is transportation (taxi, Safe Rides etc) available for guests who need or request it?

Yes No

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

Chapter President: _____ Signed: _____ Date _____

Event Chairman: _____ Signed: _____ Date _____

Alumnus Advisor: _____ Signed: _____ Date: _____

DISCLAIMER

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

DID YOU REMEMBER TO?

- ✓ Complete the form in total
- ✓ Get all parties noted above to review and obtain required signatures
- ✓ Submit Additional Insured request form to International Fraternity if needed

