

HOBART AND WILLIAM SMITH COLLEGES  
EVENT NOTIFICATION  
(must be filed at least 15 business days prior or date of the event)

*All student-organized events with more than 10 people require submission of an Event Notification Form. Events that involve alcohol and attendance of 75 or more people require a third-party vendor. In general, no more than 1 drink per hour should be served to any individual person.*

Name of event: \_\_\_\_\_

Description of event: \_\_\_\_\_

Sponsoring group/ organization: \_\_\_\_\_ Location of event: \_\_\_\_\_

Contact person: \_\_\_\_\_ Phone: \_\_\_\_\_ Box#: \_\_\_\_\_

Date of event: \_\_\_\_\_ Time: From: \_\_\_\_\_ to \_\_\_\_\_

Setup: From \_\_\_\_\_ to \_\_\_\_\_ Clean up: From: \_\_\_\_\_ to \_\_\_\_\_ Est. attendance: \_\_\_\_\_

Open  Closed  Event      Sound system:  Yes  No      Alcohol:  Yes  No

Third-party vendor:  Yes  No      If yes, name: \_\_\_\_\_

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The sponsoring group and its individual members understand and agree to the following:

- To comply with New York State laws, local ordinances, and Colleges' policies.
- To take responsibility and be accountable for the actions of the guests at this event.
- It is understood that if alcohol is served to a person under 21 years of age, the group and its members may face criminal prosecution.
- To take responsibility for damage to Colleges' property and for clean-up. Any special services provided by the Colleges' departments will be paid by the sponsoring group. If repairs or additional clean-up by Buildings and Grounds is necessary, the sponsoring group will be billed.
- A non-drinking representative of the group will be in attendance during the entire event.

I AGREE TO ACT AS A REPRESENTATIVE OF THIS GROUP AND TO TAKE RESPONSIBILITY FOR COMPLIANCE WITH THE CONDITIONS LISTED ABOVE. (Signature below indicates that the sponsoring group has consulted Student Life and Leadership regarding the planning of this event.)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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Area Coordinator: \_\_\_\_\_ Date: \_\_\_\_\_

Director of Student Life and Leadership: \_\_\_\_\_ Date: \_\_\_\_\_

Director of Security: \_\_\_\_\_ Date: \_\_\_\_\_

Medical Director: \_\_\_\_\_ Date: \_\_\_\_\_

IFC Rep: \_\_\_\_\_ Date: \_\_\_\_\_

Please attach a copy of proof of contract with third-party vendor if appropriate.