

Murray State University Greek Life Programs Post Social Event Evaluation Form

Information of social events will be collected and remain on file each semester in an effort to ensure that the Greek community is following the necessary procedures in accordance with the Greek Social Event Policy at Murray State University.

Organization Name: _____ Contact Person: _____

Email: _____@murraystate.edu Phone Number: _____

Event Date: _____ Time of Event: _____ Event Location: _____

Number of Attendees: _____ (Approx.)

Did any issues arise during this social event? Yes No

If yes, describe what happened at the social event _____

EVALUATION	Yes	No
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Door/Check-In Area		
Did the Social Event Software function properly		
Checking IDs (driver's license, passport or state ID etc.)		
Only admitted individuals on the guest list		
Only one entrance/exit point		
Guests under 21 or over 21 are marked with a wristband		
Function Area		

EVALUATION	Yes	No
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The function is within the safe capacity for the facility		
Proper number of sober workers for duration of function		
Members and guests being respectful and cooperative		
Proper clean up procedures completed at end of social event		

Chapter President Signature _____
Date _____

For Office Use Only:

Office of Greek Life Stamp Here:

Received By: _____

Please complete and return this form within ONE BUSINESS DAY of the completion of the social event to the

Coordinator of Greek Life and Student Leadership Programs

111 Curris Center

Murray, KY 42071

Phone: (270) 809-6953

Please attach additional pages if necessary.