



**GREEK LIFE
CALIFORNIA STATE UNIVERSITY, FRESNO**

ALCOHOL-FREE SOCIAL EVENT NOTIFICATION FORM

In order to be assessed by Greek Life as part of the Plan for Excellence and to be considered for the Greek Awards, complete this form to verify your non-alcoholic social event each semester.

Groups hosting alcohol free social events together must fill out separate forms indicating only their own chapter's participation. Forms shall be due within **15 days** of the program. Forms should be returned to the Student Activities and Leadership Development Office. **Early forms are appreciated.** Late forms will not be accepted for award consideration.

Chapter: _____ Today's Date: _____

Chapter Contact Person: _____ Phone Number: _____

Date of Event: _____ Semester: _____ Year: _____

Detailed description of event: _____

Please check below if the program fulfills any of the following areas:

- _____ This event included non-members
- _____ This event was held in a chapter facility or on campus
- _____ This event was held off-campus (where: _____)
- _____ This event had a theme (_____)
- _____ This event utilized "experts"

Name of Expert (if applicable): _____

Phone Number: _____ Email: _____

Number of initiated participants: _____ / _____ %

Number of new member participants: _____ / _____ %

Check the one which best describes your chapter's event: _____ Member Education
_____ New Member Education

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Date received: _____ Received by: _____ Verification: _____