



Inter Sorority Event Registration Form (ISERF)

Panhellenic Association ~ University of Washington ~ HUB302A ~ Phone(206)543-1810 ~ Fax (206)685-9006

You must submit this form to the **Panhellenic Office, HUB 302A**, at least **7 days prior** to the registered event.

If you have any questions, please contact the Panhellenic Office at **(206)534-1810**.

Sorority(ies): _____ Sorority(ies): _____

Number of Members Present: _____ Number of Members Present: _____ Total: _____

Date of Function: _____

Starting Time: _____ am/pm Ending Time: _____ am/pm

Will there be a third party vendor present (please circle one)? Yes No

If yes, please fill in below:

Company Name: _____ Phone Number: _____

If a third party vendor will be present security guards are required. They must monitor and sign in all guests. Please fill in below.

Company Name: _____ Phone Number: _____

Number of guards to be present at event: _____

Location of Function: _____

Bus Company (if off campus): _____ Phone Number: _____

Please explain detail in function:

Description of Theme:

Host Sorority Signatures:

Name of President (please print): _____

Signature: _____

Organization: _____ Date: _____

Name of Social Chair (please print): _____

Signature: _____

Organization: _____ Date: _____

Sorority Signatures:

Name of President (please print): _____

Signature: _____

Organization: _____ Date: _____

Name of Social Chair (please print): _____

Signature: _____

Organization: _____ Date: _____

All additional sponsoring fraternities and/or sororities should sign below

If your event meets the below criteria you must fill out a University of Washington Party Registration Form and submit it to ***Livy Knox at Schmitz Hall 7 days prior to your event***, this is a separate form from this one.

1. A gathering of more than 24 people
2. Alcoholic beverages will be served
3. The event will be arranged, scheduled, or announced by the chapter