

**POST-EVENT CHECKLIST**

Please complete this form within one week following your event. Mail copies (or send electronically) to Residential and Greek life by the Monday after the event. Keep the original for your file.

**Event Name:**

**Chapter:**

**I. Date and time of event:**

When was it over?

**II. Location of event:**

Was it satisfactory? **Yes No**

If not, explain:

**III. Who sponsored the event?** List all groups.

Were they cooperative? **Yes No**

If not, which groups were not?

**IV. Who was invited?**

Members and new members of sponsoring groups?

Members and new members of sponsoring groups and their guests?

**V. What percentage of your chapter attended this event?**

**VI. Transportation**

Did all members and their guests use the transportation? **Yes No**

If no, how was not taking the transportation addressed?

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**VII. Budget**

Itemize actual amount of fraternal funds spent on the following:

- Decorations: \$
- Entertainment:
- Food:
- Non-alcoholic beverages:

- Alcoholic beverages:
  - Transportation and type:
  - Miscellaneous, rental fee, etc.:
- Total cost: \$
- Did you stay within your budget? **Yes No**

### **VIII. Alcohol and Security**

A. Was any alcohol present at this event? **Yes No**

If yes, indicate the types of alcohol and the manner in which beverages were served:

BYO Bottles\Cans\_\_\_\_

Open Bar\_\_\_\_

Cash Bar\_\_\_\_

Self-Serve\_\_\_\_

Other (please indicate & explain)

Who served?

Members of sponsoring group(s) \_\_\_\_

Paid professional(s) \_\_\_\_

Other (please explain) \_\_\_\_

B. What alternative beverages and foods were served?

C. Were you effective in ensuring that only guests of legal age consumed alcohol? **Yes No**

If not, why not?

What will you change next time?

D. Who checked IDs?

E. How were those legally entitled to consume alcoholic beverages identified?

F. Who served as "party monitors" and ID checkers?

*List names or attach file*

IX. Was the theme and dress of the event appropriate and successful? **Yes No**

X. Did the clean-up committee function properly? **Yes No**

Please sign and mail copies (or send electronically) to Residential and Greek Life.  
Keep original for your records:

Social chairman signature and e-mail

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Risk management chairman signature and e-mail

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