Collegiate Panhellenic and Interfraternity Council
Form “C”
Dry Third Party Vendor Events

**ALL PARTICIPATING CHAPTERS MUST COMPLETE THIS FORM**
~FORM & ALL REQUIRED INFORMATION DUE 14 CALENDAR DAYS BEFORE THE EVENT @ 5:00PM~

Chapter Name ___________________________ Date of Event: _______________________

Going to be held in Conjunction with another Chapter: □ Yes □ No If yes, with whom: __________________

Description of Event (include theme if applicable): __________________________________________________________

Event Location: ______________________________________________________________________________________

Phone Number: ______________________ Address (street, city, state): ______________________________________________________________________________________

Time of Event: Begins ______________________ Concludes: ______________________

Number of Members to be Present: ______ Number of Guests: ______ Total Attendees: ______

Entertainment Description: __________________________________________________________

This form is intended to fulfill three goals.

1) To inform the Collegiate Panhellenic and Interfraternity Councils about activities within the Sorority and Fraternity Community.
2) To compile statistics on the percentage of dry events the Sorority and Fraternity Community holds in relation to events where alcohol is present
3) To compile a list of successful dry events for distribution to the fraternities and sororities at Iowa State University.

The chapter does hereby accept full responsibility for the event stated above. In accepting this responsibility, the chapter will make certain that all State and City laws, University Alcohol Policies and Guidelines, as well as national fraternity policies are enforced. The chapter understands that the chapter is required to regulate the behavior of all individuals at the event. The chapter agrees that upon direction of the Events Review Board, Office of Sorority and Fraternity Engagement designated staff member, or University Official, the chapter will immediately close the event. Finally, the chapter understands that failure to abide by all stipulations of this agreement and The Events Policy may be grounds for closing the event and potential disciplinary action. The chapter understands that a chapter cannot host this event without having the event approved by The Events Review Board.

By signing this form, the social chair and president vouch that there will be no alcohol present at this event.

Social Chair’s Signature: ___________________________ Date: ______________________

President’s Signature: ___________________________ Date: ______________________

Revised: 01/14/2020
**Completing this form does not guarantee approval of the event by events review board. Therefore it is suggested that all forms be completed before deposits are made on food, transportation, hotel, etc.**

This contract is between the ____________________________ Chapter at Iowa State University 
and ________________________, on the ______ day of _________, ________.

(Name of Chapter)                                                                                     (Name of Vendor)                                                                                     (Day)                                                                                     (Month)                                                                                     (Year)

The purpose of this agreement is for the Chapter to use a licensed vendor for providing services at a social event that is in full compliance with applicable laws and regulations of the federal government, state, county, city and Iowa State University.

The date of the social event is: _______________________________________.

The location of the social event is: ____________________________________.

**The Chapter agrees that it shall:**

1. Follow the Panhellenic and Interfraternity Council Events Policy and the ISU Student Disciplinary Regulations while in attendance at this social event.

2. Provide a copy of the Panhellenic and Interfraternity Council Events Policy to the Vendor.

3. Ensure that no patrons other than members and guests of the Chapter are present during this event.

4. Provide adequate supervision at the event.

5. Provide safe transportation to all patrons of the event and not permit intoxicated patrons to drive a vehicle to or from the event.

6. Promptly pay Vendor for all monies due for the services provided.

7. Ensure that no alcohol will be brought into the event by members or guests of the Chapter.

8. Ensure that Chapter members and guests of the Chapter will arrive and remain sober for the duration of the event.
In consideration of providing services to the event, the Vendor agrees that it shall:

1. Obtain and maintain the minimum insurance coverages set forth below. The Vendor shall assess its own risks and if it deems appropriate and/or prudent, maintain higher limits and/or broader coverages. The Vendor is not relieved of any liability or other obligations assumed or pursuant to the Agreement by reason of its failure to obtain or maintain insurance in sufficient amounts, duration, or types.

Minimum insurance coverages and requirements are as follows:

**Commercial General Liability:**
- General Aggregate: $2,000,000
- Each Occurrence Limit: $1,000,000
- Damage to Rented Premises: $100,000
- Medical Payments (Any One Person): $5,000

**Excess/Umbrella Liability:**
- The policy must provide for $1,000,000 each occurrence limit

Provide a certificate of insurance must also name, as additional insured, the local chapter of Iowa State University, the housing corporation of the Chapter, the national body of the fraternity, State of Iowa, Board of Regents (State of Iowa) and Iowa State University and shall provide 30 days notice of cancellation or material change of coverage to the certificate holders.

2. Assume responsibility of:
   a. Making sure that no alcohol enters the location of this event.
   b. Remove all alcohol from the location of the event prior to the start of the event.

3. Ensure that no patrons other than members and guests of this Chapter are present during this event.

IN consideration of the above mutual promises, the parties have signed this Third Party Vendor Contract on the date indicated by the signature.
Name of Company:__________________________
Address:__________________________________
Phone:____________________________________

__________________________________________                                ___________________

***All vendors MUST agree to all of the above terms. If they do not agree they are NOT in compliance with Iowa State University, CPC/IFC policy. Please immediately contact the CPC/IFC Risk Management Chairs***