



Waiver Application for Social Events with Alcohol

With Adjusted BYOB Procedures

QUESTIONS OR CONCERNS? Please contact eventguidelines@deltagamma.org.

The purpose of this form is to determine if your chapter is eligible for a specific procedure waiver as outlined below and to provide a written request for the waiver, including supporting documentation.

For the purpose of this form, "Adjusted BYOB Procedures" shall be defined as an "On Premise" TIPS-trained server who is at least 25 years of age and not a member of either co-hosting organization.

Note: Delta Gamma chapters are prohibited from holding events with organizations that are not recognized by the campus that hosts the chapter or the inter/national organization.

Deadline to submit: This form is to be completed on a rolling deadline and submitted to Executive Offices. Waivers are valid for one academic year.

Chapter: _____

School: _____

Term start date (or date of first event, whichever is earlier): Month ____ Day ____ Year ____

Date form submitted: Month ____ Day ____ Year ____

As the campus official who advises the fraternity/sorority community, I am confirming that the collegiate chapter president has reviewed this waiver with me, and I certify that (choose one):

____ **Yes**, the campus policies, IFC/NPC policies and the college Panhellenic policies **allow/do not prohibit** an event such as the aforementioned Delta Gamma Fraternity adjusted BYOB event.

____ **No**, the campus policies, IFC/NPC policies and/or the college Panhellenic policies **do not allow/prohibit** an event such as the aforementioned Delta Gamma Fraternity adjusted BYOB event.

Name of campus official: _____

Signature of campus official: _____

Title: _____

Email address: _____ Phone number: _____

Please submit the following application materials along with this form:

Attach a copy of 1) institution's, 2) campus IFC/NIC's and 3) the college Panhellenic's policies on events with alcohol and risk management with this application. These policies should be detailed and include information about BYOB events with alcohol. If any of the aforementioned parties have no policy regarding events with alcohol, please attach a written letter from the appropriate campus official to confirm.

Additionally, the chapter should submit a letter of justification stating why a waiver is necessary. This should include detailed information on why waiving this procedure will allow for the chapter to better manage its risk associated with events with alcohol. This is due with the rest of the waiver application materials.

A procedure waiver may be granted to a chapter only if the chapter is able to demonstrate that the campus and fraternity/sorority governing bodies have a policy that meets Delta Gamma's adjusted BYOB procedure or that no prohibitive policy exists. The granting of a waiver is at the discretion of your advisory team chair, Regional Collegiate Specialist, collegiate development specialist, and the Council Trustee: Collegians and is only valid for the current academic year. The chapter must re-apply each academic year.

As chapter president, my signature indicates that I believe the chapter can handle the increased responsibility associated with this privilege.

Name of chapter president: _____

Signature of chapter president: _____ Date: _____

Email address: _____

As advisory team chair, my signature indicates that I believe the chapter can handle the increased responsibility associated with this privilege.

Name of advisory team chair: _____

Signature of advisory team chair: _____ Date: _____

Email address: _____