



## Waiver Application for Social Events with Alcohol

With Adjusted Venue

**QUESTIONS OR CONCERNS?** Please contact [eventguidelines@deltagamma.org](mailto: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 Venue" shall be defined as the public areas of men's fraternity facilities which are inter/nationally recognized as a chapter house and insured by the inter/national organization and do not include annex houses and unofficial facilities.

*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 venue.

\_\_\_\_ **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 venue 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 events with alcohol in men's fraternity facilities. 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 venue procedure or that no prohibitive policy exists. The granting of a waiver is at the discretion of your advisory team chair, Regional Collegiate Specialist, Regional Director, collegiate development specialist, and Operations Specialist. This application will be re-evaluated each academic year and the chapter will be notified each year regarding their approval status.

---

**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: \_\_\_\_\_