

## SFL Chapter Event Registration Form

**Directions:** Please fill out the following form and return either in person or via email. This form must be submitted at least 7 business days prior to the event. By signing this form all monitors indicate they have reviewed the SFL Risk Management Policy, understand their duties and responsibilities, and agree to uphold all aspects of the Policy.

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Name of Event:		
Sponsoring Chapter(s):		
Date of Event:		Location:
Start Time:		End Time:
□BY0B □Third-Party Vendor – Name	of Vendor:	
☐ Have you turned in the	Third-Party Vendor form	1?
☐ Have you turned in a CC	I for the third-party ver	ndor?
DOOR MONITORS (at least of	ne per chapter)	
Name (Print)		Signature
DISTRIBUTORS (one per cha	nter)	
	Date of Birth:	Signature
Name (Print)	Date of Birtin.	Signature
SOBER EXECUTIVE MONITOR	S (one per sponsoring	chapter)
Name (Print)	Date of Birth:	Signature

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## **SOBER MONITORS** (one sober monitor for every 15 guests)

Name (print):	Date of Birth:	Signature:

## **ALTERNATES** (suggested there be at least 2 alternates for every 3 sober monitors)

Name (print):	Date of Birth:	Signature:



