

**Alcohol Event Evaluation
HOST ORGANIZATION**

Host Organization(s): _____ Date of Event: _____

Attendance # (according to guest log): _____ Number of wristbands distributed: _____

Please complete entire form with detailed information!

Evaluation of BYOB/alcohol distribution system used: _____

Evaluation of ID-checking procedure: _____

List any concerns/issues communicated by Compliance Adviser(s): _____

List any/all concerns related to the overall management of the function. Indicate if the organization was cited for any violations of University, state, and/or local regulations:

Other comments: _____

Submitted by: _____ (print)
(Party Host or Social Chair)

Please submit to greek@wfu.edu by 10 a.m. the day after your event!