EVENT WRISTBAND ISSUE AND RETURN FORM

Wristbands will be issued the business day before the event, this form is to be started when wristbands are issued and then completed when guest lists and wristbands are returned to the Fraternity and Sorority Life office.

Event Information:

| Chapter Name: __________________________ | Other Participating Chapter(s): __________________________ |
| Date of Event: ___/___/______ | Chapter President Name: __________________________ |
| Number of wristbands issued: _________ | Color of wristbands issues: __________________________ |

By signing this form, I understand that I have picked up the number and color of wristbands indicated above. I have also read and agree to abide by the UT Arlington Fraternity and Sorority Life Alcohol and Event Policies. I understand that they Sign-In Forms, ID Checker form, and any unused wristbands must be returned to the Fraternity and Sorority Life office by 5:00 p.m. within 48 hours of the function. Failure to do so may result in dispensary action against my organization. I also understand that may organization will be charged ______. For each wristband that is used. Wristbands may be purchased through F&SL by requesting them, unused forms are not required to be returned but the chapter will be charged for any wristbands not returned.

_________________________
Printed Name of Chapter Representative

_________________________
Phone Number

_________________________
Signature of Chapter Representative

_________________________
Date

FOR OFFICE USE ONLY

_________________________
Date of wristbands and forms returned to F&SL: __________________________

_________________________
Number of people over 21 on F&SL Sign-in List

_________________________
Number of wristbands issued:

_________________________
(-) number of wristbands returned (should be same as line 1)

_________________________
(+) number of wristbands used:

_________________________
(x) cost per wristband:

_________________________
(=) TOTAL COST OF CHAPTER:

FOR OFFICE USE ONLY: Date Received: __________________________ Date Reviewed: __________________________

Reviewed By: ____________________________________________________________