



THOMAS GOODE JONES SCHOOL OF LAW

DISCLOSURE FORM FOR STUDENT ORGANIZATION EVENTS

Date: _____

Date Function to Be Held: _____

Title of the Event: _____

Organization Sponsoring Event: _____

Location of Event: _____

Times: Beginning at _____; Ending at _____

Estimated Number of Attendees: _____

Purpose of the Event: _____

I have read the guidelines for Faulkner Law events where alcohol may be present, and I agree to abide by them.

1st Designated Host Name (Printed)

2nd Designated Host Name (Printed)

1st Designated Host Signature & Date

2nd Designated Host Signature & Date

Faculty Advisor

Assistant Dean of Students

Signature & Date Notification Received

Signature & Date Notification Received

Dean

Signature & Date Notification Received