

THIRD PARTY VENDOR RESPONSIBILITY FORM

Date

Event Information:	
Organization:	
Date of Event:	
Start Time:	End Time:
Location of Event:	
Co-Sponsoring Chapter(s):	
Name of Third Party Vendor:	
Third Party Vendor Agreement:	
 I have given the sponsoring chapter(s) pinsurance, evidenced by a copy of a proprovider. This certificate also shows that owned and hired coverage. This certificate also shows that "additional insured" or "named i "additional insured" or "named i"additional insured" or "named i"addition	ner purveyor of alcoholic beverages would assume in the normal course of cards upon entry;
Vendor Manager Name	Chapter Officer's Name
Vendor Manager Signature	Chapter Officer Signature
Vendor Manager Phone Number	Chapter Officer Phone Number

Date