

# REGISTRATION OF EVENT INVOLVING ALCOHOLIC BEVERAGES ON CAMPUS

This form must be completed and submitted at least five (5) days in advance of any event held on campus where alcoholic beverages will be served.

## SECTION I

1. Sponsoring agency or organization \_\_\_\_\_
2. Date of the function \_\_\_\_\_
3. Time of the function (inclusive) \_\_\_\_\_
4. Purpose of the function \_\_\_\_\_
5. Location (specific) \_\_\_\_\_
6. Anticipated attendance \_\_\_\_\_
7. Beverage(s) to be served \_\_\_\_\_
8. Source of beverage funding [fund and department (i.e. cost center)] \_\_\_\_\_

## SECTION II

1. No one shall be served or permitted to consume any alcoholic beverages who is not twenty-one (21) years of age or older nor shall any person who appears visibly intoxicated be served alcohol.
2. Alcoholic beverage may not be sold, paid for by donation, registration fee, or included in the price of a meal and/or hours d'oeuvres.
3. The Dean, Director, or Chair of the applicant's department must approve registration.
4. No alcohol to be served on campus prior to 5:00 p.m. **If alcohol is to be served prior to 5:00 p.m. please obtain the Vice President's signature below.**
5. I have reviewed the Alcohol Policy on the Business Services website and will comply with all policy requirements, and have made arrangements to have a TIPS trained server dispense the alcohol.

I stipulate that I have read and will conform to the restrictions that are listed in Section II and I further testify that the alcoholic beverages are donated and that no charge, direct or indirect, will be made for their use or consumption, or for admission to the activity. Lastly, it is agreed that the sponsoring organization will be responsible for the activity in its entirety, i.e. crowd control, protection of physical properties, and adherence to the established time limitations of the activity. **Please initial the box to indicate compliance.**

Applicant's Signature \_\_\_\_\_

Applicant's Name (Print) \_\_\_\_\_

Received By Signature

Approved By Signature \_\_\_\_\_

\_\_\_\_\_  
Michele Cole, Director

Approved By Name (Print) \_\_\_\_\_

Business Services

2080 Seibert Administration Building

Date \_\_\_\_\_

Organization \_\_\_\_\_

Date \_\_\_\_\_

Telephone Number \_\_\_\_\_