

REQUEST FOR ALCOHOLIC BEVERAGES

Saint Joseph's University Alcohol Policy and Guidelines require all events at which alcohol may be available to be registered.

Event Sponsor Information

Sponsoring Organization/Department:

Person Responsible for event:

E-mail Address:

SJU ID#:

Telephone #:

Event Information

Event Type: Reception Dinner Dance

Event Date: Start Time: Stop Time:

Event Location:

Anticipated: Attendance: Members: Guests:

Number in attendance age 21 or older:

Organizer, Department Chair, Student Organization Advisor / President, or Designate in attendance:

Alcohol Service Information:

Hours of Alcohol Service: Start Time: Stop Time:

Note: Alcohol may only be served for a maximum period of 4 hours and service must end 1/2 hr before scheduled completion of the event.

Permission for: Beer Wine

Distinct service/consumption area will be established: Yes No How?

Wrist bands will be issued: Yes No

How will ID's be checked?

Number of drink tickets to be issued per person: (1 per hour max) Number of Bartenders Hired: (1:75)

Cash Bar: Yes No

Sober Committee:

Bus/Shuttle service provided: Yes No

Other pertinent details/requests for exceptions to policy/guidelines:

I certify that the above information is correct and valid. I have read and understand the alcohol policy and guidelines. As a sponsor, I agree to assume full responsibility for monitoring and controlling the event within these guidelines.

Name: Signature: _____ Date:

Approval Information

Received in Student Life Office on: _____ Date:

Name: Signature: _____ Date:

cc: Public Safety ARA Food Service Campion Center Special Events