

ALCOHOLIC BEVERAGE REQUEST

DATE: _____

TO: Jon Wefald, President

FROM: _____

1. Sponsoring Organization: _____

2. Date of Event: _____ Time of Event: _____

Time period for beverage service: _____ to _____

3. Location of event: _____

4. Purpose of event: _____

5. Expected attendance: _____

6. Beverage(s) to be served: _____

7. Name of caterer: _____

8. The following person has general supervision over the area where the event will take place and will be responsible for enforcement of the following requirements:

That no one under 21 years of age is served an alcoholic beverage; and

That no alcoholic beverages leave the designated area.

Name: _____

Title: _____

Name of Person Requesting Approval _____ Date _____

Union Director (if applicable) _____ Date _____

President _____ Date _____