Student Engagement and Campus Life
Alcohol Beverage Request Form

THIS SECTION TO BE COMPLETED BY THE EVENT SPONSOR

☐ Sponsor Required to Submit  ☐ Sponsor not Required to Submit

Description of Food and Beverages Being Served (include Caterer’s Name, if Applicable):

Name of Individual/Caterer Who Plans to Serve Alcoholic Beverages at the Event
(If different from caterer/individual listed above):

Event Location: ____________________________________________

Date of Event: ________________ Event Time: ________________ until ________________

Anticipated Number of Attendees: ______

Percentage of Attendees Who Will Be UNDER 21 Years of Age: ______

Describe Plans to Prevent Underage Alcoholic Beverage Consumption at the Event:

NOTE: You must submit a Security Form with this request.

As an authorized representative of a University student organization/department, my signing this form below indicates that I have read, understand, and will adhere to applicable University policies and state laws. I understand my organization/department’s failure to do so may result in loss of event approval and/or further sanctioning.

Requestor’s Signature: _____________________________ Date: ________________

TO BE COMPLETED BY AUTHORIZED VTPD REPRESENTATIVE

☐ Received Back from VTPD by War Memorial Chapel and Events on (date):

☐ Standard Approval - this request meets general University and Student Centers and Activities guidelines

Additional Notes/Contingencies for Approval:

☐ Denial Reason: ________________________________

Signature of VTPD Representative: _____________________________ Date: ________________

☐ Recorded in risk management log and EMS on (date): ________________ by ________________

☐ Communicated approval or denial to Requestor on (date): ________________ by ________________