

Reservation# (office use only):	
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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: _____

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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: _____

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- Recorded in risk management log and EMS on (date): _____ by _____
- Communicated approval or denial to Requestor on (date): _____ by _____