

ASMSA Alcohol Service Event Registration Form

Please Print:

Sponsoring Unit: _____

Event Contact: _____ Phone: _____

Email Address: _____ Anticipated Number in Attendance: _____

Name of Event: _____ Date: _____ Time: _____

Approved location for event: _____

Do you have a guest list? Yes No (Sponsoring unit must keep list on file)

List the name(s) of the person(s) or vendor who will serve the alcohol and license number:
_____ License # _____

Is the vendor licensed attached? Yes No (Vendor license must be submitted)

Is the vendor insurance attached? Yes No (Copy of insurance must be submitted)

Has this vendor previously been approved by the University? Yes No

Will alternative beverages be available? Yes No

Will food be available? Yes No

I have read the Alcohol Policy for ASMSA Special Events, and I acknowledge and understand that all events at which alcoholic beverages will be served must comply with the policy.

Name _____ Date _____

Signature _____ Date _____

DATE RECEIVED _____ INITIALS _____

REGISTRATION COMPLETED and SIGNED

REQUIRED DOCUMENTATION INCLUDED

REGISTRATION APPROVED