Alcohol Service at Events Request Form
University of Kansas School of Medicine – Salina
Pursuant to the KU’s Alcohol Service at Events policy

To: SOM-S/SON-S Dean’s Office, 138 N. Santa Fe, Salina, KS 67401
Fax #: (785) 822-0450
Email: ______________

From: ______________
Fax #: ______________
Email: ______________

Date: ______________

Event Information
Name of sponsoring unit: __________________________________________________________
Event date: ______________________________________________________________________
Event start/end times: ______________________________________________________________
Event purpose: ____________________________________________________________________

Who will be attending?  ☐ Faculty  ☐ Staff  ☐ Students  ☐ Other: ______________
Expected attendance: ______________________________________________________________
Location:  ☐ Lobby, Room 101  ☐ Community Room, Room 001
Type of alcoholic beverages to be served:  ☐ Beer  ☐ Wine  ☐ Sherry

Name of licensed vendor that will be providing and serving alcohol:
Name of person responsible for enforcing regulations (linked above):
Printed Name: ___________________________________________________________________
Title: __________________________________________________________________________
Signature: _______________________________________________________________________

Name and signature of person completing this form:
Printed Name: ___________________________________________________________________
Title: __________________________________________________________________________
Signature: _______________________________________________________________________

*Form must be submitted for approval prior to public announcement, but in no case less than three weeks before event. Completed forms will be maintained by the SOM-S or SON-S Dean’s Office. Please have a copy of your approved alcoholic beverage request form available at your event.