

ALCOHOL SERVICE AT EVENTS REQUEST FORM

All Lawrence (including Athletic events and venues) and Edwards Campuses and Locations

CONTACT:

Unit: _____ Contact Name: _____

Contact Phone: _____ Contact Email: _____

EVENT DETAILS:

1. Sponsoring University unit/organization: _____

2. Date of event: _____ Day of week: _____ Time of event: _____

3. Purpose of event (include specific information about how it relates to official University business and/or fundraising):

4. Location (campus, building, and room #): _____

5. Expected attendance:

Number: _____

Groups: faculty staff students spouses public/other

ALCOHOLIC BEVERAGE REQUEST:

Approval required pursuant to the policy on [Alcohol Service at Events](#).

6. Alcoholic beverage(s) to be served: _____

7. Non-alcoholic beverage(s) to be served: _____

8. Should the Public Safety Office be notified of this event? No Yes
If yes, please give reason:

9. Signature of the person responsible for enforcing the [Alcohol Service at Events](#) policy.

Signature: _____ Title: _____ Date: _____

APPROVAL SIGNATURES:

I. Acknowledged:

Name and title of person responsible for approving the location named above Date

II. Acknowledged (Lawrence Campus) or name of licensed caterer (Edwards Campus):

Director, KU Memorial Unions Date

III. Approved/Recommended:

Provost and Executive Vice Chancellor; or designee Date

IV. Approved (required only for campus-wide and athletic events):

Chancellor; or designee Date