Alcohol Service at Events Request Form
KU School of Medicine-Wichita

To: Wichita Dean’s Office
    Room 2005; Fax: 316-293-2628

From: ____________________________
    (Name of Requestor, please print)

Date: ____________________________

Phone: ____________________________

Email: ____________________________

1. Sponsoring Organization: ____________________________

2. Event Date: ___________ Time (From/To) ___________

3. Purpose: ____________________________________________

4. Who will be attending Event?: ____________________________

5. Location: (Check One) Expected # of Attendees: ___________
    □ Main Lobby (Esplanade) □ Meadowlark Room
    □ Sunflower Room   □ West Atrium

6. Beverage to be served: □ Beer □ Sherry □ Wine
    (KU Alcohol Policy)

7. Name/Contact info of licensed caterer to provide and serve alcohol:
    ______________________________________________________

8. Name of person responsible for enforcing alcohol policy during event:
    Print Name ____________________________ Title ____________________________
    Signature ____________________________ Date ____________________________

9. Obtain required KUSMW signatures below. Form must be submitted for approval
    prior to public announcement, but in no case less than three weeks before event.
    (Final copy of approved form must be provided to KUSMW Facilities Management,
    email to wifac@kumc.edu or fax 316-293-1890.

    ____________________________ Date ____________________________
    Facilities Management-Wichita, Director, Signature

    ____________________________ Date ____________________________
    Adm. & Financial Services-Wichita, Signature

    ____________________________ Date ____________________________
    Dean, School of Medicine-Wichita, Signature

(Rev. May 30, 2017)