

# ALCOHOL REQUEST FORM

(Type/Print Clearly)

Event \_\_\_\_\_

Location \_\_\_\_\_

Date of Event \_\_\_\_\_ Time (Start) \_\_\_\_\_ (End) \_\_\_\_\_

Description of Event \_\_\_\_\_

Contact Person \_\_\_\_\_ Phone/Ext \_\_\_\_\_ Email \_\_\_\_\_

(\*This person will be held responsible at the event, and **MUST** be in attendance.)

Sponsoring Organization \_\_\_\_\_

Organization Advisor or Law School Administrator \_\_\_\_\_

Will Advisor/Administrator be present? **Y** **N**

Expected Attendance \_\_\_\_\_ Attendance (Age 21 & up) \_\_\_\_\_

USD Catering providing the Alcohol? **Y** **N** USD Catering providing the food? **Y** **N**

Amount/Type of Alcohol to be served \_\_\_\_\_

Who will be carding/serving the Alcohol? \_\_\_\_\_

Amount/Type of Food to be served \_\_\_\_\_

Amount/Type of Alternate Beverages (i.e., soda, water) \_\_\_\_\_

(\*Alternate Beverages must be provided when serving Alcohol.)

What time will bar close? \_\_\_\_\_ (\*Bar **must** close an hour before end of event.)

\_\_\_\_\_  
Signature of Responsible Party

\_\_\_\_\_  
Position

\_\_\_\_\_  
Date Submitted

\_\_\_\_\_  
Signature of Advisor/Administrator

\_\_\_\_\_  
Date

\_\_\_\_\_  
Phone/Extension

**RETURN ADDRESS or FAX NUMBER OF RESPONSIBILITY PARTY** \_\_\_\_\_

**RETURN ADDRESS or FAX NUMBER OF ADVISOR/ADMINISTRATOR** \_\_\_\_\_

**PLEASE SUBMIT COMPLETED FORM TO THE CENTER FOR HEALTH & WELLNESS PROMOTION (CHWP) IN UC221 OR FAX (619.849.8121) AT LEAST 14 DAYS PRIOR TO THE DATE OF THE EVENT. UPON APPROVAL, COPY OF FORM WILL BE MAILED OR FAXED TO THE RESPONSIBLE PARTY AND ADVISOR OF THE EVENT. COPIES WILL ALSO BE PROVIDED TO USD PUBLIC SAFETY AND CAMPUS SCHEDULING. FOR QUESTIONS OR ADDITIONAL INFORMATION, PLEASE EMAIL [chwp@sandiego.edu](mailto:chwp@sandiego.edu) OR CALL 619.260.4618.**

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**\*\*\*FOR CHWP OFFICE USE ONLY\*\*\***

REVIEWED & APPROVED \_\_\_\_\_ DATE \_\_\_\_\_  
AOD PROGRAM COORDINATOR-CHWP

REVIEWED & APPROVED \_\_\_\_\_ DATE \_\_\_\_\_  
ASSOC. VP FOR STUDENT AFFAIRS