



ON-CAMPUS ALCOHOL REQUEST FORM

- *This form is required for any event on campus where alcohol will be served and a targeted audience is students.*
- *Undergraduate student organizations cannot sponsor or fund alcohol or the provision of alcohol on campus.*
- *It is **REQUIRED** that USD Catering provide the alcohol service for all on-campus events.*
- *USD Catering requires Alcohol Request Forms be approved prior to scheduling the alcohol service.*
- *Please be sure to contact USD Catering at (619) 260-4560 for pricing info and to schedule alcohol service.*
- *This form must be submitted to the Dean of Students, UC 232 at least 14 days prior to date of event. You may intercampus this form to UC 232, or you may fax to 619-260-4610 or email deanofstudents@sandiego.edu.*

Date of Event: _____ Start Time: _____ End Time: _____

Name of Event: _____

Sponsoring Organization: _____ On Campus Location: _____

NAME OF RESPONSIBLE PARTY (MUST be in attendance for duration of event): _____

Contact Info: _____ Email: _____

Cell: _____

Organization Advisor: _____ Will Advisor be present at event? Yes _____ No _____

Expected Total Attendance: _____ Approximate Percentage of Total Attendees that are Current USD Students: _____

Will there be anyone Under 21? Yes _____ No _____ Expected Attendance over Age 21: _____

If this is an Undergraduate event have you registered through the Event Registration (EvR) process? Yes _____ No _____

*If no please visit www.sandiego.edu/slic

I understand I am responsible for scheduling alcohol service and food through USD Catering for this event? Yes _____ No _____

What time will the alcohol service begin? _____ What time will the alcohol service end*? _____

* Alcohol service **MUST** stop one hour before end of event.

Menu for Event		
	Type	Quantity
Alcoholic Beverages		
Alternative Beverages (i.e. soda, water) <small>*Must be provided when serving alcohol</small>		
Food <small>*Must be provided when serving alcohol</small>		

Signature of Responsible Party (Student, Faculty, or Staff) Position Date Submitted

Signature of USD Advisor/Administrator Date Phone/Extension

Office for Law Student Affairs – Warren Hall 218 (Law School ONLY) Date Phone/Extension

(Do not write below this line. OFFICE USE ONLY)

APPROVED? YES NO

Dean of Students Date

Approved Copy: 1) Responsible Party 2) USD Catering 3) USD Dept. of Public Safety 4) University Scheduling 5) CHWP