

# ALCOHOL EVENT REQUEST FORM

PLEASE ENSURE YOU READ THE ALCOHOL EVENT POLICIES BEFORE YOU SUBMIT THIS APPLICATION

## Event Information

Event Name: \_\_\_\_\_ Event Date: \_\_\_\_\_

Sponsoring Organization(s): \_\_\_\_\_

Sponsoring Organization Contact Person: \_\_\_\_\_

\*Sponsoring Organization Contact Person must be a student who is at least 21 years old and will be required to refrain from alcohol consumption before and during event.

Contact Person Email: \_\_\_\_\_@queens.edu Contact Person Phone: \_\_\_\_\_

Event Start Time: \_\_\_\_\_ : \_\_\_\_\_ am / pm Event End Time: \_\_\_\_\_ : \_\_\_\_\_ am / pm

Event Contact Name: \_\_\_\_\_ Contact Number: \_\_\_\_\_

Location of Event: \_\_\_\_\_ Expected Number of Attendance: \_\_\_\_\_

Type of Event:  On-Campus Cash Bar  Off-Campus Cash Bar  
 On-Campus BYOA Event  Off-Campus BYOA Event

## Approval Signatures

By signing this form you acknowledge that you have read the rules and policies outlined in the Alcohol Events Policies and agree to uphold these requirements during your event. Refusal to follow the rules and policies laid out will result in termination of event.

\_\_\_\_\_  
Sponsoring Organization Contact Person Date

\_\_\_\_\_  
RSO Faculty/Staff Advisor Date

\_\_\_\_\_  
Jarrard Slater Date  
*Director of Catering Services, Chartwells*

\_\_\_\_\_  
Lesia Finney Date  
*Chief of Police*

*To be completed when returned with all other signatures.*

\_\_\_\_\_  
María del Carmen Flores-Mills Date  
*Vice President of Student Engagement & Dean of Students*