State University of New York
College of Environmental Science and Forestry
Request by Student Group to Serve Alcoholic Beverages

Your name: ______________________________________________________________________

Local address/phone: ______________________________________________________________________

Organization: _______________________ Your affiliation with group: ________________________

Type of event: _____________________________________________________________________

Date/time of event: ___________________________ Location: __________________________

Contact person responsible for event: _______________________________ e-mail address: ______________________
Telephone: _________________________

Faculty advisor signature: ____________________________________________________________

Faculty member to be present for duration of event: (Please print) _________________________
(Signature) __________________________________________________________

Expected Amount and type(s) of alcoholic beverage(s) to be served: _________________________

Note: Consult the ESF Policy for Serving Alcoholic Beverages at Campus Events for specific information.

Alternative nonalcoholic beverage and food to be provided: _________________________________
__________________________________________________________________________________

Names of persons who will be serving alcoholic beverages (must be over 21):
____________________________________  __________________________________
____________________________________  __________________________________

For events at which persons under 21 years of age will be in attendance, mechanisms for determining legal drinking age (“proofing” measures) must be specified. Please complete one of the following:

___ Proofing will follow “proposed mechanisms” in ESF Policy for Serving Alcoholic Beverages at Campus Events.
Names of persons who will be verifying proof of age and applying hand stamps:
____________________________________  __________________________________
____________________________________  __________________________________

-- OR --

___ Other proofing mechanism (describe):
____________________________________________________________________________
____________________________________________________________________________

I have read the ESF Policy for Serving Alcoholic Beverages at Campus Events. I am aware of the rules regulating alcohol consumption at ESF and my responsibilities with regard to compliance with these rules, particularly as related to not serving intoxicated persons or persons under legal drinking age.

____________________________________
Signature

Approved: ________________________________________  ____________________
Dean, Student Life and Experiential Learning  Date