

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 (Please print) _____

for duration of event: (Signature) _____

Expected attendance: _____ 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