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: ______________________________________________________________________

Email: __________________________________ Telephone: __________________________

Faculty advisor signature: ____________________________________________________________

Faculty member to be present (Please print) __________________________________________

for duration of event: (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: __________________________

Anne Lombard, PhD
Dean of Student Affairs