Exhibit 6 – ALCOHOLIC BEVERAGE REQUEST FORM

REQUEST TO HOST AN ACTIVITY OR SERVE ALCOHOLIC BEVERAGES
(Please return to Jennifer Carlock on the 3rd Floor in Administration)

ORGANIZATION: _____

CONTACT PERSON: _____Phone:_____

EVENT: _____

EVENT DATE: _____ EVENT TIME: _____

PURPOSE: _____

LOCATION REQUESTED: _____

Will Alcoholic beverages be served? Yes No

Type of Alcoholic Beverage served: Beer Wine

Will alcoholic beverages for sold? Yes No

Will there be an admission Charge? Yes No

Type of Food Ordered: _____

_____

Type of Non-Alcoholic Beverages: _____

_____

Do you need any of the following:

Trash Cans: Yes No **How many**: _____ **Set up time**: _____ **Take down time**: _____

Tables: Yes No **How Many**: _____ **Set up time**: _____ **Take down time**: _____

AV Needs: Yes No **Type: _____**

How Many: _____ Set up time: _____ Take down time: _____

Name of Faculty Advisor: _____

Requested By: _____

_____
Approved/ Assistant Dean of Student Administration

PLEASE NOTE:

1) Alcoholic Beverages are limited to beer and wine

2) You must serve food and non-alcoholic beverages in conjunction with alcoholic beverages.