

Stephen F. Austin State University

Request for Alcoholic Beverage Service

This request is not a guarantee of service.

The *Responsible Party* affirms that he/she will be present during the entire event and has the authority to make this request on behalf of the group making the request:

Name of Responsible Party: _____ Event Sponsor _____

Address For Responsible Party: _____

Telephone for Responsible Party: _____

Name of group paying for the event: _____

Name of Event: _____

Date of the event: _____

Start Time: _____ End Time: _____

Meal Service Request Confirmation # _____

Venue Location: _____

Nature of Event _____

Service Requested: Wine Only Beer Only Cash Bar

Wine & Beer Mixed Drinks

Expected Paid Attendance: _____

Insurance Provider _____

Responsible Party Signature _____ Date _____

Department Dean/Director _____

.....
Review by Student Services _____

Reviewed By _____

Reviewed By _____

.....
Approval in Advance Date _____