Request Date: Click here to enter a date.

Department/Organization/Entity:

Event Sponsor Name:

E-mail: Phone:

Address:

City/State/Zip:

Event Name:

Event Date: Click here to enter a date. Event Begin Time: End Time:

Event Location:

Event Description:

Attendee Description: (include all: alumni, employees, donors, off-campus guests, etc.):

Number of Attendees: Attendees Under Age 21? [ ]  Yes [ ]  No

Type of Alcohol Service: [ ]  Wine [ ]  Beer [ ]  Liquor

Event Caterer (with Alcohol Beverage Catering license):

Event Caterer Phone Number:

I affirm that I have reviewed the Valdosta State University [Alcohol Policy for Events](https://www.valdosta.edu/administration/policies/documents/alcohol-policy-for-events.pdf)and any associated location specific guidelines. I agree to abide by all policies and guidelines governing my event, and **I will personally attend the entire event and will not consume any alcohol**.

Event Sponsor Signature Date

When signed by the appropriate University Official a copy of this form shall constitute written permission for the above person/organization to serve alcohol at the listed event.

Special Restrictions/ Guidelines:

Level 1 2 3

No. of Officers/Security:

Chief of Police:

 Signature Date

University Official (Cabinet Member over Event Location):

Signature Date

**Original to Event Sponsor Copies to: Event Services/Student Union Reservations, University Police, and University Official**