

REQUEST FOR ALCOHOL OR CEREAL MALT BEVERAGE SERVICE

EVENT DETAILS:

Event: _____

Date: _____ Times: (Start) _____ (End) _____

Location: _____ Attendance: _____

Event: _____

Description: _____

Do you have a room reservation: Yes _____ No _____ Confirmation # _____

CONTACT INFORMATION:

Name: _____ Address: _____

City: _____ State _____ Zip: _____

Phone Number: _____ Email: _____

Are you a WSU Department: Yes _____ No _____ If yes, department name: _____

ALCOHOL SERVICE:

Alcohol service requires the use of a caterer approved for alcohol service. Please see www.wichita.edu/wsucatering

Name of Caterer: _____

Phone: _____ State _____ Zip: _____

Phone Number: _____ Have you contacted the caterer: Yes _____ No _____

O-campus groups are required to have liability insurance. A copy of the policy must be attached to this completed form and show WSU, WSU ICAA, and WSU Union Corporation, Inc. as additional insured.

Do you have Liability Insurance: Yes _____ No _____

Insurance Company: _____

Contact Person: _____

APPROVED:

Signed by Event Services

Date

General Counsel

Date

Download this form, fill it out and email to NZF@wichita.edu B O E general.counsel@wichita.edu

Wichita State University alcohol policies are available at: U Q T X X X X J D I J U B F E V B C P V U
D I @ Q I Q