

REQUEST TO SERVE ALCOHOL

TO: Risk Management and Insurance, riskmanagement@trinity.edu

FROM: _____ Phone# _____ Fax# _____

DEPT: _____ DATE: _____

General Alcohol Policy: <https://inside.trinity.edu/policies/student-life-policies/major-student-policies/alcohol-policy>
Best Practices for Hosting an Event with Alcohol: <https://drive.google.com/a/trinity.edu/file/d/0B8030oGUHUpSYVQ0YTIIvNz6bmM/view>

Type of Alcohol Requesting to Serve (i.e. Beer and Wine): _____

Name of Event: _____

Location: _____

Date of Event: _____ Start Time: _____ End Time: _____

Purpose of Event: _____

Will ARAMARK Serve the Alcohol at the Event? YES NO

If YES, please sign and submit form to Risk Management.

Host Signature: _____ Date: _____

If NO, please answer the following questions, sign below and return form to Risk Management.

Who will serve the alcohol? _____

How will guests under age 21 be identified? _____

Will Security be present at the event? _____

How do you plan to handle a person that has been over served? _____

Host Signature: _____ Date: _____

Approved

Declined

Risk Management & Insurance

Date