FLORIDA ATLANTIC UNIVERSITY
ALCOHOL PROGRAM REGISTRATION FORM

STUDENT ORGANIZATION SPONSORED EVENTS
Must be returned 15 days before the event for approval.

Date: ____________________________

Organization: ____________________

Representative: ___________________

Telephone: ________________________ Email: ______________________

Theme & Brief Description of Event: _______________________________________

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Proposed Day, Date & Time of Event: ____________________________

Location of Event Requested: ____________________________

Estimated Attendance: Student(s): (Over 21) = ________ +

Student(s): (Under 21) = ________ +

Non-Student(s): (Over 21) = ________ Total = ______

All Alcohol must be served and/or sold by licensed vendors (for Boca Raton & MacArthur on-campus vendor only).

(For Boca Raton & MacArthur) Reviewed by Food Service Manager or designee: ______________ Date: ______________

I understand that my organization is responsible for abiding by University Regulations and all applicable State Law concerning the consumption and service of alcoholic beverages. I further understand that sufficient quantities of non-alcoholic beverages and food must be served concurrently with the service of alcohol. The service of alcohol must cease if the supply of food or non-alcoholic beverages is depleted. The service of alcoholic beverages can not resume until such time that the said items are replenished.

(Signature of Organ. Rep.) ____________________________ (Office or Title) __________ (Date) ____________

(Signature of Advisor or Supervisor) ____________________________ Extension & Email __________________________________ Date __________

Reviewed by Facility Manager or Designee ____________________________ Date ____________

Approved by Dean of Student Affairs ____________________________ Date ____________

Approved by Vice President for Student Affairs ____________________________ Date ____________

Received & Logged: ____________________________ Date ____________

Reserved _____ Not Reserved ______

Bldg and Room Reserved: ____________________________

Routing: Student Affairs ______ Police ______ Other ______

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