

**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: _____

Proposed Day, Date & Time of Event: _____

Location of Event Requested: _____

Estimated Attendance: Students: (Over 21) = _____ +

Students: (Under 21) = _____ +

Non-Students (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 organizations 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 _____