UCCS ALCOHOLIC EVENT AND APPROVAL FORM

INSTRUCTIONS:
1. If you are using University Funds, have turned in an Official Function Form, and it has been approved by the Vice Chancellor of Administration and Finance Office, this form is not needed.
2. Read and understand the Use of Alcohol Policy #100-003 found at http://www.uccs.edu/~vcaf/docs/100-003%20Alcohol%20Policy.pdf. Your submission of this form indicates your understanding and agreement to comply with the terms and conditions detailed in the above policy.
3. This form must be filed with Public Safety at least seven (7) days prior to the event.

The University of Colorado at Colorado Springs allows alcoholic beverages to be consumed at special events and activities when pertinent guidelines are followed. There is no intent to encourage increased consumption of alcoholic beverages nor to force consumption upon those who object. This policy is intended to support responsible use of alcoholic beverages.

SPONSORING ORGANIZATION ______________________________________ DATE OF ACTIVITY ________________________________
NAME OR PURPOSE OF EVENT ______________________________________
TYPE OF EVENT ______________________________________________________
LOCATION OR FACILITY _____________________________________________
ANTICIPATED ATTENDANCE ______________________ TIME OF EVENT (FROM) _______________ (TO) _______________
ALCOHOLIC BEVERAGE(S) TO BE SERVED _____________________________
AMOUNT OF BEVERAGE (TOTAL & PER PERSON) _______________________
NON-ALCOHOLIC BEVERAGES THAT WILL BE AVAILABLE _____________
TYPE AND AMOUNT OF FOOD THAT WILL BE AVAILABLE _______________
PROCEDURE FOR ID AND QUANTITY CHECKS ____________________________

(1) Upon signing this Statement of Responsibility, I acknowledge that all requirements stated in the Alcoholic Beverage Policy are understood and I accept responsibility for the activities and conduct of all participants, including guests. Breach of this agreement will result in the revocation of the privilege to hold alcohol-related activities and may further result in sanctions against offending individuals or groups.

PRINTED NAME and SIGNATURE – Sponsoring Department Head/Organization President DATE TELEPHONE #

(2) I have knowledge of the above stated event and agree to act as the Event Manager to assure that all guidelines are followed.

PRINTED NAME and SIGNATURE – Responsible Individual Present for Entire Event DATE TELEPHONE #

(3) The individual(s) involved in planning this event have seen me for assistance in scheduling, preparation, and clean up.

PRINTED NAME and SIGNATURE – Manager Responsible for Location of Event DATE TELEPHONE #

(4) I have knowledge of the above stated event and approve.

PRINTED NAME and SIGNATURE – Risk Manager DATE 255-3525 TELEPHONE #

(5) I have reviewed the event for safety and police staffing concerns and have had it entered into the events tracker.

PRINTED NAME and SIGNATURE – Executive Director of Public Safety or Designee DATE 255-3288 TELEPHONE #

(6) I have knowledge of and approve this student event (if a student event).

PRINTED NAME and SIGNATURE – Executive Director of Student Life and Leadership DATE 255-3344 TELEPHONE #

Last Updated on December 2, 2010