

## USD CATERING ALCOHOL REQUEST FORM

DATE SUBMITTED: \_\_\_\_\_

### EVENT DETAILS

DATE OF EVENT:      Month: \_\_\_\_\_      Date: \_\_\_\_\_      Year: \_\_\_\_\_

NAME OF EVENT: \_\_\_\_\_

# OF ESTIMATED GUESTS: \_\_\_\_\_ *(Final guest count is required 3 business days before the event.)*

LOCATION OF EVENT:    Building: \_\_\_\_\_      Room #: \_\_\_\_\_

- Have you read the University's procedures regarding Governing the Services of Alcoholic Beverages at Events on Campus? *(Please refer to <http://www.meetatusd.com/alcoholprocedures.php>)*

Yes

- Are any guests under 21?

Yes       No

- If you checked Yes, then security must be present for those guests under 21.  
*(USD Catering will place an order for a security guard at the rate of \$100/guard. The # of guards determined by USD Catering.)*

- Will food be ordered through USD Catering?

Yes       No

- Who will be attending this event? \_\_\_\_\_

- Who is sponsoring this event? \_\_\_\_\_

- Notes or Comments: \_\_\_\_\_

### CONTACT INFO

Name: \_\_\_\_\_      Contact Number: \_\_\_\_\_      Email: \_\_\_\_\_

### CATERING SECTION ONLY

**Approval Signatures:**

**Date:**

Executive Director of Auxiliary Services: \_\_\_\_\_

\_\_\_\_\_

Hospitality Services Director: \_\_\_\_\_

\_\_\_\_\_

Catering Operations Director: \_\_\_\_\_

\_\_\_\_\_

On Campus Alcohol Request Form Filed:     Yes     No