

**MEMORIAL UNIVERSITY OF NEWFOUNDLAND
Housing, Food and Conference Services
ALCOHOL EVENT REQUEST**

Section 1

Department:

Contact:

Location of Event:

Est. No. attending:

Guests:

Memorial Employees:

Date of Event:

From (time):

to:

Method of Payment: FOAPAL* (please see instructions below)

Cheque

Cash

Pick up Time:

Is this being reimbursed? Yes

No

If so, by whom?

Please provide a detailed description of this event, including name(s) of individuals with Server Intervention Training who will be attending.

Section 2

Beverage Order

Quantity	Brand	Quantity	Brand
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Section 3

I have read the alcohol policies and procedures (www.mun.ca/policy) and agree to all terms and conditions regarding the possession, selling, and consumption of alcoholic beverages. I further agree to ensure that the rules and regulations are not circumvented by anyone in attendance at this event.

Section 4

To indicate your approval, please sign.

Event Organizer:

Dean/Director/Designate

Director, Housing, Food & Conference Services or Designate

*Director, Financial and Administrative Services

NOTE: A service charge of 20% to a maximum of \$30 will be applied.

*** If this form is being charged to a University FOAPAL, it must be forwarded to Financial and Administrative Services 10 days in advance of event.**