



Housing, Food and Conference Services

Date of Contract: _____

LIQUOR SERVICES FUNCTION SHEET

Name of Group: _____

Type of function(s): _____

Day and Date: _____

Time function begins and ends: _____

Location: _____

No. of people: _____ Type of bar: _____

Special Instructions: _____

Contact Name: _____

Phone: _____ Fax: _____ E-mail: _____

Form Completed by: _____

For Liquor Services only:

No. of servers requested: _____

Type of compensation requested: _____