



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: \_\_\_\_\_