

**MEMORIAL UNIVERSITY OF NEWFOUNDLAND
Ancillary Operations
ALCOHOL EVENT REQUEST**

Section 1

Department: _____

Contact: _____

Location of Event: _____

Est. No. attending:	Guests:	Memorial Employees:
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Date of Event:	From (time):	to:
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Method of Payment: FOAPAL* (please see instructions below) Cheque Cash

*** 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.**

Date of Pickup: _____

Is this being reimbursed? Yes <input type="checkbox"/> No <input type="checkbox"/>	If so, by whom?
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Please provide the name(s) of trained server(s) for bar & door, and the expiry date of the holder's Server Intervention Training (SIT) card.

Faculty/Staff Name	SIT Expiry

Please provide a detailed description of this event.

Section 2

Beverage Order

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

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:	
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Dean/Director/Designate	
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Director, Ancillary Operations or Designate	
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Director, Financial and Administrative Services	
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