



STUDENT ORGANIZATION ALCOHOL EVENT PLANNING FORM

This form should be completed for all off-campus events where alcohol is to be present. If an event is held on campus where alcohol is present, then the organization should also complete both this form and complete and attach the general event planning form. Submit this completed request at least one week prior (7 days) to your event, including all applicable signatures, to the Office of Student Leadership & Greek Life.

CONTACT INFORMATION —

Organization Host Name _____

Co-host Organization _____

Event Contact Person _____

College Email _____ Mobile Phone _____

GENERAL INFORMATION

Name/theme of event _____

Date of event _____ Start time _____ am / pm End time _____ am /pm

Event location (physical address) _____

Planned attendance: ___ members ___ alumni ___ dates ___ guests TOTAL _____

Purpose of event/description of event and activities _____

Is this location a Third Party Vendor (circle) ___yes ___no

Will non-salty snacks and non-alcoholic beverages be served? ___yes ___no

ALCOHOL APPROVAL, POLICIES, and SERVICE

College Risk Management Policy expressly prohibits the purchase of alcoholic beverages through the organization treasury or any pooling of member funds. Kegs and all other bulk distribution of alcohol is prohibited. Alcoholic beverages are not permitted at any on-campus events unless prior approval is received from the Assistant Director of Student Leadership & Greek Life.

We, the designated organization host, members in charge and the faculty/staff advisor, assume full responsibility for the proper direction of this event. We have read and understand the policies of our national headquarters regarding alcohol use, and agree to comply with all provisions of the policy.

- When will alcoholic beverages be present? _____before ___during ___after
- What types of alcoholic beverages will be present? ___beer ___liquor/spirits ___wine/wine coolers

~ NO GLASS BOTTLES SHOULD BE BROUGHT TO THE EVENT OR ALLOWED AT ANY TIME! ~

- Who will provide the alcoholic beverages?
 licensed third party vendor
 individual attendees/BYOB (must follow punch card or ticket system; card/ticket must be given to each 'of age' partygoer; it must be presented to retrieve alcohol they brought)
- Method of service? licensed bartenders event sponsors of legal age (punch card/ticket)
 alumni members (punch card/ticket) other, explain _____
- What methods will be used to limit individual consumption of alcohol?
 licensed bartender's discretion
 punch card system/BYOB - attendee is limited to bringing ___ # of alcoholic beverages to the event
 ticket system/BYOB - attendee is limited to bringing ___ # of alcoholic beverages to the event
 other, explain _____

**~Ample non-alcoholic beverages & low salt snacks
must be provided at no charge at this event (see food section).~**

~ NOTE THAT SERVICE OF ALCOHOL SHOULD STOP AT LEAST ONE (1) HOUR BEFORE EVENT ENDS. ~

LEGAL AGE IDENTIFICATION

~ Photo ID listing date of birth is required for all members, guests, and other attendees. ~

How will the verification of legal drinking age be accomplished (must check one)?

- BYOB event* — by organization members at entrance of event (stamp/bracelet required)
 by security guard at entrance of event (stamp/bracelet required)
**punch card/ticket system distributed at this time*
- Third party vendor — by licensed bartender for each purchase
- Other, explain in detail _____

DRUNK DRIVING PREVENTION

What type of transportation will be provided (check all that apply)?

- Taxi cab service Designated driver program Other _____

CROWD CONTROL / SECURITY SERVICES *Attach a copy of the guest list and the invitation.*

How will admission be controlled?

- Guest list (checked at the door and a guest list recorded)
- Invitation (submitted at the door for admission and a guest list recorded)

___ Other, explain _____

Total number of sober party monitors? _____ There must be one (1) monitor for every 10-15 guests.

Sober Party Monitors *Must complete the information below and sign*

Sober #1: _____

Name _____ Phone Number _____

Sober #2: _____

Name _____ Phone Number _____

Sober #3: _____

Name _____ Phone Number _____

Sober #4: _____

Name _____ Phone Number _____

Sober #5: _____

Name _____ Phone Number _____

Sober #6: _____

Name _____ Phone Number _____

~ Those working with BYOB and checking IDs must be 'of age,' that is, 21 years or older. ~

CONTRACTS, AGREEMENTS, CERTIFICATES, & LICENSES

All contracts should be reviewed by legal counsel. Executing any contract, lease or rental agreement may obligate you, your organization and/or others for losses. No contract may be signed by any UVa-Wise organization without prior consultation with the Director of College Services.

- Are the event sponsors being required to sign ANY contacts, agreements, or other documents for this event? ___ no ___ yes, please attach copies of each
- Has a certificate of insurance been obtained from each contracted third party (security services, professional bartenders, etc.) naming your organization, if applicable, as 'additional insureds'? ___ no ___ yes

EMERGENCY PROCEDURES

Has the Risk Management Policy been reviewed by all members? ___ no ___ yes

Are emergency services readily available at this function? ___ no ___ yes

Who will be responsible for contacting any of the following — emergency personnel, organization advisor, alumni representative, national representative (if applicable), organization legal counsel, and university officials — if the need for assistance arises?

Name _____ Telephone _____

Address _____

COMPLIANCE

We are submitting this event plan to the Office of Student Leadership & Greek Life for review. We declare, to the best of our knowledge and belief that the statements set forth herein are true. On behalf of our organization, we understand that this form and said statements will be used as the basis for consideration of acceptance, rejection or to make recommendations concerning this event, and that this form is for advisory purposes only. The Office of Student Leadership & Greek Life is hereby authorized to make any investigation and inquiry desired concerning this event. Variations from the event described herein may adversely affect the sponsoring organization. Failure to comply with Risk Management Policies and Procedures will result in sanctions by the College and/or organization governing bodies.

Risk Management Chair _____ Date _____

Organization President _____ Date _____

Organization Advisor _____ Date _____

-co-sponsored group signatures-

Risk Management Chair _____ Date _____

Organization President _____ Date _____

Organization Advisor _____ Date _____

FOR OFFICE USE ONLY	
<input type="checkbox"/> timely request	<input type="checkbox"/> form received
<input type="checkbox"/> form review & approved; organization notified	_____ <i>name</i> _____ <i>date</i>
<input type="checkbox"/> form review & denied; organization notified	_____ <i>name</i> _____ <i>date</i>
<i>COMMENTS -</i>	