

## Event Coordinator Contact Information

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

## Event Information

Event Name: \_\_\_\_\_ Event Date: \_\_\_\_\_

Event Location (Campus, Building, Room): \_\_\_\_\_

Event Start Time: \_\_\_\_\_ Event End Time: \_\_\_\_\_

Alcohol Service Start Time: \_\_\_\_\_ \*Alcohol Service End Time: \_\_\_\_\_  
\*Service must end at least ½ hour prior to event end time

Event Description: \_\_\_\_\_

If alcohol will be served outside or in a public area, describe what physical barrier will be used to restrict access and consumption to the specific area:

Who can attend this event?    General Public                      PennWest Employees/Students Only  
   Alumni    Other, please specify:

Anticipated number of attendees: \_\_\_\_\_

Will there be attendees under the age of 21 present?                      Yes                      No

\*\*\*If yes, identification methods for those 21 and older (i.e. wrist bands, hand stamps) are required. \*\*\*

Is there an admission fee, tickets, or other purchase required to obtain alcohol?                      Yes                      No

\*\*\*If yes, the event requires a license from the Pennsylvania Liquor Control Board. \*\*\*

Type of alcohol to be served: \_\_\_\_\_

Non-alcoholic beverages to be served: \_\_\_\_\_

## Vendor Information

Name of vendor providing alcohol: \_\_\_\_\_

Name of vendor serving or selling alcohol: \_\_\_\_\_

Has the serving/selling vendor completed the Commonwealth's RAMP training?                      Yes                      No

**Acknowledgement**

Upon approval, I, the Event Coordinator, will submit the following to Safety & Risk Management:

- A copy of the third party's liquor liability insurance listing Pennsylvania Western University as additionally insured
- A copy of the Pennsylvania Liquor Control Board Liquor License (if applicable)

I have read and understand PennWest Policy #FA049: Alcohol and Drugs and agree to adhere to all rules and regulations outlined in this policy as well as all Commonwealth of Pennsylvania laws regarding the sale and service of alcohol.

Event Coordinator Signature:

Date:

**Do Not Write Below This Line**

**Approvals**

President or President's Designee:

Approved

Denied

Signature:

Date:

Additional Notes/Requirements:

CC: University President

Safety & Risk Management

Campus Chief of Police

Event Coordinator

Conference Services

Event Location's Building Director