ALCOHOL USE REQUEST Registered Student Organizations

Organization:			Request Date:	
Co-Sponsor:			Contact:	
Event Title:			Contact Phone:	
Event Time:	pm /	pm	Event No:	
Event Location:				
Attending: () Organizatio () Organizatio () General Pub () University (n/Department Membe blic		red Guests	
Alcoholic beverages being ser	rved: () Beer ()	Wine () Distilled Spirits	
Host Bar: () Yes ()	No Cash Bar:	() Yes	s () No	
Will persons under lawful dri	nking age be in attenda	ance? ()	Yes () No	
	er understand that I an	d/or the ent	aws, TABC Guidelines and UNT tity that I represent may be held ent.	
Student Name (print):			Student ID:	
Address:		_ City	State	
Phone: Residence ()		Work ()	
	Signed:			
() Denied () Approved	Signed:Student O	rganization	Date:	
() Denied () Approved	Signed:	nt Director	Date:	
	17CDartillC			

Return completed form to Event Planning & Scheduling Services, University Union RM 418 P.O.Box 310710, Denton, Tx. 76203, Fax: (940) 369-5476

P.O.Box 310710, Denton, Tx. 76203, Fax: (940) 369-5476 UniveristyUnion.SchedulingOffice@unt.edu Distribution by Event Planning & Scheduling Services: Police Department, Risk Management, Building Representative, Applicant