UNIVERSITY OF SOUTH CAROLINA **ALCOHOL EVENT APPROVAL FORM**

Please Print

Name of Organization _____

Describe Event _____ Date _____ Time _____

***Approved Location (Must be submitted 5 business days in advance)**

_____ Academic Facilities
_____ Alumni House
_____ Capstone Campus Room and Keystone Room
_____ Designated Carolina Coliseum Facilities
_____ Daniel Management Center
_____ Designated Russell House Facilities
_____ Faculty House
_____ Gressette Room
_____ Koger Center Donor's Room, Lobby & Rehearsal
_____ McKissick Museum
_____ President's House
_____ Residence Hall room/apartment (guidelines set by Office of Resident Student Learning
_____ Top of Carolina
_____ Designated Williams-Brice Facilities
_____ Women's Quad Social Room
_____ Visitor's Center

***Unapproved Location (please list):**

_____

*An unapproved location application MUST be submitted **10 business days** in advance and be approved by the Department of Student Life.*

***Please reference University of South Carolina alcohol policy (http://www.sc.edu/policies/ppm/staf302.pdf)**

Signature of Reservationist: _____ Phone: _____

Anticipated Number in Attendance: _____ Anticipated # of Persons 21 or older: _____

Beverages to be served (*See guidelines available at http://www.sa.sc.edu/adp/docs/Beverage_Amounts_2009%282%29.pdf)*

Amount of Beer: _____ Amount of Wine: _____ Amount of Distilled Spirits: _____

Amount of Non-Alcoholic Beverages: _____

Alcohol Amounts Verified by: _____

SAPE Director Signature Date

Food is being provided by: _____

Type of Food being served: _____

What method(s) will be used to monitor the distribution and consumption of alcohol to those of legal drinking age?

☐Carding at bar or door ☐Wristbands ☐Stamping Hands ☐Guest List w/ DOB

Supervisors of the event must be those individuals who agree to be responsible for the event in its entirety and who will be contacted in the event of an emergency. Please indicate who will be serving as Supervisors:

Print Name	Signature	Title	Phone#
Print Name	Signature	Title	Phone#

By signing this form, I (we) hereby state that I (we) have read and understand the South Carolina Alcoholic Beverage Laws and The University of South Carolina Alcohol Policy and Guidelines, and accept, on behalf of the above organization/department, the responsibility for articulating these policies to all individuals in attendance at the event and ensuring full compliance with the policies. We further understand that we will represent the organization/department in the event of any complaints registered for alleged violations of the above policy or other University regulations and will assume responsibility for establishing order and control of the event.

Organization President/Office/Department (Print Name) Signature Date

Advisor/Department Chair/Dean (Print Name) Signature Date

OFFICIAL USE ONLY ☐ Approved ☐ Approved Pending Approval of Location ☐ Denied

Authorized Approval, Division of Student Affairs and Department of Academic Support Date