UNIVERSITY OF SOUTH CAROLINA • ALCOHOL EVENT APPROVAL FORM

Name of Organization: ___________________________ Today’s Date: ____________

Describe Event: ____________________________________________________________________________

Date of Event: ____________ Event Begin Time: ____________ Event End Time: ____________ Alcohol Service End Time: ____________

Length of Event: ____________ (may not exceed 4 hours, and alcohol may not be served during the last hour of event)  
Anticipated Number in Attendance: ____________________ Anticipated Number of Persons 21 or older: ____________________

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

(____ Academic Facilities (specify _________________)  (____ Top of Carolina  
(____ Alumni House  (____ Designed Williams-Brice Facilities  
(____ Capstone Campus Room and Keystone Room  (____ Women’s Quad Social Room  
(____ Designated Carolina Coliseum Facilities  (____ Visitor’s Center  
(____ Daniel Management Center  (____ Unapproved Location (please list): ____________________

(____ 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  (____ ________________

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

Signature of Facility Reservationist: ____________________ Phone: ____________________

Beverages to be served: (View Responsible Beverage Amounts)

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? CHECK ALL

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

Supervisors of the event are responsible for the event in its entirety and will serve as the contact person in the event of an emergency. Supervisors must attend a TIPS training prior to the event.  (To sign up for a TIPS training, visit the SAPE website at http://www.sa.sc.edu/sape/alcohol-policy-workshops/)

Names of Supervisors:

Print Name/Title: ____________________  Signature: ____________________  Email Address: ____________________  Phone#: ____________________

Print Name/Title: ____________________  Signature: ____________________  Email Address: ____________________  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: ____________________  Email Address: ____________________  Date: ____________

Advisor/Department Chair/Dean (Print Name): ____________________  Signature: ____________________  Email Address: ____________________  Date: ____________

OFFICIAL USE ONLY

Approved: ____________________  Approved Pending Approval of Location: ____________________  Denied: ____________________

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