



## Event Proposal Form

This form is to be used with [Policy 813](#), University Policy on Alcohol at Department Events that Include Students.

### Department Information

Department name: \_\_\_\_\_

Department contact person: \_\_\_\_\_

Contact email: \_\_\_\_\_ Contact phone: \_\_\_\_\_

### Event Details

Event name: \_\_\_\_\_

Event date: \_\_\_\_\_ Event time: \_\_\_\_\_

Event location: \_\_\_\_\_

Purpose of the event: \_\_\_\_\_

### Expected Attendance

Total expected attendance: \_\_\_\_\_ Number of students expected to be 21+: \_\_\_\_\_

Number of faculty/staff: \_\_\_\_\_ Number of external attendees: \_\_\_\_\_

### Alcohol-Related Information

Cash bar is prohibited. Only trained and certified alcohol servers may serve and monitor alcohol consumption at events.

- Bar package to be included:  Beer  Wine  Full liquor
- Caterer to be used: \_\_\_\_\_
- If a caterer other than Chartwell's will be used, please provide the following:
  - Caterer's contact information: \_\_\_\_\_
  - A valid catering license/special event license has been presented:  Yes  No
  - Insurance certificate has been validated:  Yes  No

**Compliance and Approval:**

I, \_\_\_\_\_, on behalf of \_\_\_\_\_, hereby confirm that  
(Requestor's name) (Department name)

I have read and understand the St. John's University alcohol policy and agree to comply with all regulations. I also understand that this request is subject to review and approval by the Dean of College/sector head and the Vice President for Student Success and Retention Strategy.

Signature: \_\_\_\_\_

Printed name: \_\_\_\_\_ Date: \_\_\_\_\_

***Dean of College/Sector Head Approval:***

Signature: \_\_\_\_\_

Printed name: \_\_\_\_\_ Date: \_\_\_\_\_

**Submission:**

Please submit this form to the Dean of Students, who will submit this request to the Vice President for Student Success and Retention Strategy for final approval.



**University Approval:**

This request is:  Approved  Denied  Pending further review

Comments: \_\_\_\_\_

***Vice President for Student Success and Retention Strategy (or designee):***

Signature: \_\_\_\_\_

Printed name: \_\_\_\_\_ Date: \_\_\_\_\_