



ST. JOHN'S UNIVERSITY

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 Affairs.

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 Affairs for final approval.



University Approval:

This request is: Approved Denied Pending further review

Comments: _____

Vice President for Student Affairs (or designee):

Signature: _____

Printed name: _____ Date: _____