



Request for Alcoholic Beverage Service at TAMU Event Form

Current Date: _____ Event Name: _____

Event Date: _____ Approved Site: _____

Event type: _____ Reception _____ Tailgate _____ Banquet _____ Other (specify) _____

TAMU Department: _____ Contact Person: _____

Phone: _____ Cell Phone: _____ E-mail: _____

Billing Address: _____

Alcoholic Beverage Service Information

_____ Chartwells; _____ Buppy's Bartending Svc; _____ Cocktails 4 U _____ Hilton

Service Type: _____ Open Bar _____ Cash Bar _____ Other (specify) _____

Service Level: _____ Beer & Wine _____ Beer/Wine/Call Liquor _____ Beer/Wine/Premium Liquor

Time Bar Open: _____ Time Bar Closes: _____

Total guests: _____ Total guests under 21: _____ Total guests 21 and over: _____

List how guests under 21 will be identified in order to restrict alcohol consumption (e.g. wristbands, show id, or other):

Food Service Information

Caterer: _____ Contact Name: _____ Phone: _____

By signing below, I certify that all the information I provided is correct to the best of my knowledge and have verified that this location has been approved by the Chancellor as an approved site for alcohol service.

Requested By (name): _____

Signature _____ Date: _____

Facility Manager (name): _____

Signature _____ Date: _____

By signing below, I am allowing alcohol to be served at this event:

Name: _____

Vice President (or designee) or Dean – overseeing event

Signature: _____ Date: _____

This form must be received **NO LATER THAN THREE WEEKS PRIOR TO THE EVENT.**