



Alcohol Beverage Request Form

Please do not modify.

Current Date: _____ Event Date: _____

Name of Organization: _____ Event Name: _____

Contact Person: _____ Phone: _____

Cell Phone: _____ E-mail: _____

Event type: Reception Tailgate Banquet Other (specify) _____

Billing Address: _____ Billing Account Number: _____

VENUE

Texas A&M University Student Recreation Center Room/space: _____

Facility Contact: Paula Opal Phone Number: 979-845-3076

Alcohol Beverage Service Information

Not available to student organizations.

Alcohol Provider (must be an approved vendor): _____

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

Service Level: Beer Wine Call Liquor Premium Liquor Other (specify) _____

Time Bar Opens: _____ Time Bar Closes: _____

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

How will the guests under age 21 be monitored so that they are not consuming alcoholic beverages? _____

Food Information

Caterer: _____ Contact Name: _____ Phone: _____

Food Menu: _____

By signing below, I certify that all the information I provided is correct to the best of my knowledge.

Requested By (name): _____ Date: _____

Facility Manager (name): _____ Date: _____

Vice President of Student Affairs: _____ Date: _____

Executive Vice President for Finance & Operations, CFO _____ Date: _____

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

Further arrangements are contingent upon this approval.

Please contact Paula Opal for site information at 979-845-3076 or e-mail at popal@rec.tamu.edu.