

COLUMBIA UNIVERSITY
 IN THE CITY OF NEW YORK
ALCOHOL AWARENESS PROGRAM
 PHONE 854-5800 FAX 854-5840

**REGISTRATION FORM FOR AUTHORIZATION TO SERVE
 ALCOHOLIC BEVERAGES AT UNIVERSITY EVENTS***

**All University sponsored events, regardless of location (on or off campus) or age of participants must be registered.*

Assigned: _____	For Office Use Event #: _____
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<u>Please print the following information about the event:</u> Date of the Event: _____ Type of Event (<i>Reception, Dance, Party, Coffee House, etc.</i>) _____ Location (building, room, etc.) _____ Start time for the event: _____ Closing time for the event: _____ For Office Use: _____	<u>Anticipated number in attendance (ID required by all participants)</u> A. Columbia Students (CUID): _____ B. Other Students (with ID): _____ C. Other (specify): _____ Total A+B+C = _____ D. Number of people under Age 21 _____ E. Age 21 and over: _____ Total D+E (should equal A+B+C) _____
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<u>Please check all the following that apply:</u>		
<input type="checkbox"/> Funded with University Funds	<input type="checkbox"/> Publicized off campus	<input type="checkbox"/> Publicized on campus only
<input type="checkbox"/> Charging for alcohol*	<input type="checkbox"/> Charging for admission*	<input type="checkbox"/> Charging for tickets, T-shirts, other items, etc.*
<input type="checkbox"/> Held in a public place	<input type="checkbox"/> Open to the Columbia community	
<p><i>* Requires a Temporary Wine and beer Permit License. An authorization letter from the University must accompany an organization application to the State of New York; applications are available from Dean of Students in each school. Note: It takes a minimum of two weeks to receive a Temporary License once the application is delivered to the State.</i></p>		
For Office Use: _____		

Alcohol (Amount of alcoholic beverages to be served in bottle/cases):

Wine: _____ Beer: _____ Hard Liquor or Punch _____ (if money changes hands, cannot be served except in licensed premises): _____

of Alcohol serving areas: _____

Amount and kind of non-alcohol beverages to be served

(Should be equal or greater than alcoholic beverages being served) _____

Amount and kind of food to be served (Should be equivalent to 1 plate of food per person – food may be a combination of chips, vegetable tray, bean dip, cheese & crackers, etc. - please be specific)

For Office Use: _____

Organization/Group/Office Sponsoring Event:

Name: _____ Relationship to University: _____

Mailing address: _____ Phone: _____ e-mail: _____

For Office Use: _____

On-Site Person Responsible for Event (must be 21 years old & attended Event Management Training):

Name: _____ Relationship to the group/organization: _____

Mailing address: _____ Phone: _____ e-mail: _____

Signature of person responsible for the Event: _____ Date: _____

For Office Use: _____

Recognizing Office/University Advisor for Organization:

Name: _____ Title: _____ Office: _____

Telephone: _____ Fax: _____ e-mail: _____

Department Account # charged for proctors: _____

Proctors are generally assigned as follows: One proctor at door, one at each alcohol serving station and one roving proctor per floor of venue:

We request total proctors: _____ at door _____ at serving positions _____ roving proctor(s)

Signature of Advisor/Recognizing Officer: _____ Date: _____

For Office Use: _____

By signing this form, the organization sponsoring the event described on these pages, I agree to the following terms and conditions:

1. I will observe all Columbia University rules and procedures, as well as all state and local government laws and regulations regarding alcoholic beverages, in planning and carrying out the event.
2. I confirm that the sponsoring organization has contacted its recognizing office on campus to obtain permission to hold the event and, if applicable, has followed appropriate instructions and received authorization to obtain a Temporary Beer and Wine License. If such a License is necessary, I agree to provide the University with a copy of the License, at least two business days prior to the event.
3. I will fully cooperate with any proctors and University officers assigned to this event before, during and after the event, and I also recognize that the proctor has the final word if questions about alcohol procedures arise during the event.
4. If the event takes place in a residence hall, I agree to coordinate my activities with the appropriate Residence Hall Director or Dean or other building manager.
5. I agree to assist in identifying attendees at the event, including requiring those of legal drinking age to be identified with a wristband to be worn by them, or other appropriate and visible identifying device.
6. I agree to be responsible for my organization making full payments for use of the facilities, including any fees for the services of proctors.

Signature of person responsible for the Event: _____ Date: _____

This registration is not complete if this form is not read and signed by authorizing parties.

Fax completed forms to 854-5840 at least ten days prior to the event.