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:		fice Use Event #:	
Please print the following infe	ormation about the	Anticipated number all participants	per in attendance (ID required s)
Date of the		A. Columbia Stud	ents (CUID):
Event:		B. Other Students	s (with ID):
Type of Event (Reception, Dar Party, Coffee House, etc.)	nce,	C. Other (specify) Total A+B+C:	
Location (building, room, etc.)		D. Number of peo E. Age 21 and ove	-
Start time for the event:		Total D+E (sh	ould equal A+B+C)
Closing time for the event:	_		
For Office Use:			
Please check all the following aFunded with University FundCharging for alcohol*		•	Publicized on campus onlyCharging for tickets, T-shirts other items, etc.*
Held in a public place	Open to the Co	olumbia community	
	lication to the State o t takes a minimum of	f New York; applica	letter from the University must tions are available from Dean of ve a Temporary License once the
For Office Use:			
Alcohol (Amount of alcoholic b	peverages to be serv	ved in bottle/cases	s <u>):</u>
•	Hard Liquor or Punch	(if money chan	ges hands, cannot be served sed 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)				
Organization/Group/Offic	. •			
Name:		Relationship to Ur	niversity:	
Mailing address:		Phone:	e-mail:	
For Office Use:				
On-Site Person Responsi Name:	•	•	nded Event Management Training oup/organization:	
-		Relationship to the gro	oup/organization:	
Name:	<u> </u>	Relationship to the gro	oup/organization: e-mail:	
Name: Mailing address: Signature of person respo	nsible for the Event: _	Relationship to the gro	oup/organization: e-mail:	
Name: Mailing address: Signature of person respondate: For Office Use: Recognizing Office/University Name:	nsible for the Event: _ ersity Advisor for Org	Relationship to the gro	oup/organization: e-mail:	
Name: Mailing address: Signature of person responste: For Office Use: Recognizing Office/University Name: Office: Telephone:	nsible for the Event: ersity Advisor for Org Title	Relationship to the group Phone:Phone:	oup/organization: e-mail:	
Name: Mailing address: Signature of person responsate: For Office Use: Recognizing Office/Universate Name: Office: Telephone: mail:	nsible for the Event: ersity Advisor for Org Title Fax:	Relationship to the group of th	oup/organization: e-mail:	
Name: Mailing address: Signature of person respondate: For Office Use: Recognizing Office/Univeration Name: Office: Telephone: mail: Department Account # characteristics	ersity Advisor for Org	Relationship to the group of th	oup/organization: e-mail:	
Name: Mailing address: Signature of person responstes: For Office Use: Recognizing Office/University Name: Office: Telephone: mail: Department Account # characterists are generally assigned.	ersity Advisor for Org Title Fax: arged for proctors: signed as follows: One or of venue:	Relationship to the group of th	oup/organization:e-mail:eeee- each alcohol serving station and	

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.