Appendix D Registration for Events with Alcohol

CUSTOMER CONTACT INFORMATION					
Sponsoring Department/Organization/Company					
Contact Person	Advisor Name (If applicable)				
E-mail Address	Phone #	Fax #			

EVENT INFORMATION	I					
Event Name/Description	n					
Event Date(s)			Event Start Time	Event End Time		
				AM / F	PM	AM / PM
Attendants Include (select all that apply)		Estim	ated Attendance	Tickets/Admission Char	ickets/Admission Charged	
CU Students	CU Faculty/Staff	Other			□ No	□ Yes

This form is required for registration of all events at Clemson University facilities where alcohol is present.

Events must be registered with the host facility and approved by campus police unless the area is permanently licensed to sell alcohol. Tentative confirmation of the facility reservation will be made when the event is registered. This form does not ensure availability or registration of the area you intend to reserve. Reservation of the space must be done separately.

- All events where alcohol is served are subject to having security present as required by CUPD at the expense of the reserving group. All requests for CUPD services must be made 14 days in advance of the event.
- All alcohol sales and service will be administered by ARAMARK and will end no later than 12:00AM. Event times are regulated by building hours, although no event may extend later than 2:00AM. Permanent licensed facilities that sell alcohol will operate during regular business hours as usual.
- The approval of the sale and serving of alcohol at any event must be approved by the University Vice President of the group hosting the event, or his/her designee if applicable, and the University Vice President of his/her designee for the area in which the event is held.
- Any violation of this policy will be referred to the appropriate disciplinary body.
- The General Membership of an organization or office requesting an event where alcohol is present is encouraged to be educated about alcohol annually in coordination with the Office of Health Education.
- > The original of this form should be retained by the department or group sponsoring the event. A copy should be retained by the host facility.

I AM THE CONTACT PERSON FOR THE GROUP SPONSORING THE ABOVE-REFERENCED EVENT. I HAVE READ THE CLEMSON UNIVERSITY FACILITY USE POLICY INCLUDING SECTION 8.0, USE OF ALCOHOL, AS WELL AS THE DRUG AND ALCOHOL POLICY. I CERTIFY THAT THE ABOVE-REFERENCED EVENT WILL COMPLY WITH THESE POLICIES.

Customer Signature:

Date:

For Facilities Use Only:					
CUPD Signature		Date:			
Group VP Signature		Date:			
Facility VP Signature		Date:			