REQUEST TO SERVE ALCOHOLIC BEVERAGES AT ESU FUNCTION

The request shall contain the name of the event, date, time, and place and shall be submitted no later than two weeks in advance of the scheduled event.

1. Name of organization making the request _____

2. Describe specific function and purpose of event at which alcoholic beverages are to be served:
   _____
   _____

3. **WHAT ALCOHOLIC BEVERAGE IS TO BE SERVED?** _____

4. Location of event (reservations for space must be made separately).
   _____

5. Date and time of event _____

6. Faculty/staff member initiating request _____ _____
   Name Phone / Fax

As the responsible faculty/staff member requesting permission to serve alcoholic beverages in conjunction with the event mentioned above, I certify that all of the rules and regulations as set forth in the East Stroudsburg University Alcoholic Beverage Policy will be observed.

Requestor's Signature_____ Date_____

President's Signature _____ Date_____

PLEASE NOTE: The completion and approval of this form does not reserve the facility you wish to use. External groups should contact the Conference Services department at (570) 422-3061.