

ALCOHOL SERVICE REQUEST FORM

Organization/Group: _____ Main Phone: _____
Organization Mailing Address: _____ Other Phone: _____

Name: _____ Date of Birth: _____

Email Address: _____ \$ G G L W L R Q D O (P D L O \$ G G U H V V I R U F R Q I L U P D W L R Q B B B B B

*The State of Washington requires that the Individual Responsible for the Event provide a date of birth. Personal information is NEVER shared with outside entities. The Individual Responsible for the Event must be present at the event.

Name of Event: _____ Event Location: _____

Event Date: _____ Start Time: _____ am/pm End Time: _____ am/pm

Reservation Number: _____ * / \$ f Ö Ö r e + Q e ' e D , W , S U M A O D F U , , E ! ° @ \ \$ E O , , (P H U D O G 3 O D W H

es provider. Contact (P H U D O G & D O C H W A L E ' L Q L Q J 6 H U Y L F H V @ s e a t t l e u . e d u . Certain events, as determined by 8 (, may be exempt from requiring a server.

¾ (P H U D O G & D O C H W A L E Exclusive catering rights on campus. Non-alcoholic beverages and food must be available at the event. Name-brand beverages, high-protein foods, and low-salt foods are encouraged.

¾ Security may be required for events where minors may be in attendance. Arrangements must be made at least 10 days prior to the event or the h