

REQUEST FOR ALCOHOL OR CEREAL MALT BEVERAGE SERVICE

Date:

EVENT DETAILS:		
Event:		
Date: Times: (Start) (End)	
Location:	Attendance:	
Event:		
Description:		
Do you have a room reservation: Yes No Confirmation #		
CONTACT INFORMATION:		
Name: Address:		
City: State_	Zip:	
Phone Number: Email:		
Are you a WSU Department: Yes No If yes, department name:		
ALCOHOL SERVICE:		
Alcohol service requires the use of a caterer approved for alcohol service. Please see www.wichita.edu/wsucatering		
Name of Caterer:		
Phone: State_	Zip:	
Phone Number: Have you contact	ed the caterer: Yes No	
Off-campus groups are required to have liability insurance. A copy of the policy must be attached to this completed form and show WSU, WSU ICAA, and WSU Union Corporation, Inc. as additional insured.		
Do you have Liability Insurance: Yes No		
Insurance Company:		
Contact Person:		
APPROVED:		
Signed by Event Services	Date	
General Counsel	Date	

Download this form, fill it out and email to **letsmeet@wichita.edu** for reservations in the Rhatigan Studnet Center or Marcus Welcome Center. All other requirements should be emailed to **general.counsel@wichita.edu**

Wichita State University alcohol policies are available at: http://webs.wichita.edu/inaudit/ch11_07.htm