



(PLEASE TYPE OR PRINT: FORM MUST BE COMPLETED AND SUBMITTED AT LEAST FIFTEEN CALENDAR DAYS PRIOR TO EVENT.)

ORGANIZATION:

EVENT NAME:

EVENT DESCRIPTION:

EVENT DATE:

START TIME:

END TIME:

BUILDING/LOCATION:

ROOM #:

EVENT CONTACT:

PHONE NUMBER:

EMAIL:

If persons under the age of 21 will be attending, list the name of the person who will insure that no one under the age of 21 will have access to alcohol and method used to control access:

NAME:

METHOD:

ALCOHOLIC BEVERAGES:

BEER

WINE

FULL BAR

MENU AND ALTERNATIVE BEVERAGES:

I have reviewed GFC MSU Policy 603.1, Alcohol at Campus Events and accept the responsibilities outlined. I also acknowledge that Great Falls College MSU requires security to be present at events in which alcohol is present. A security guard will be hired by GFC MSU for the event, and the cost will be charged to the organization hosting the event.

Signature of authorized representative - ***MUST be present at event***

Date

Printed name of authorized representative

Phone Number

Approved:

CEO/Dean of Great Falls College MSU

Date

Copy to:

1) Person submitting the form 2)Facilities Director 3) CFO 4) Building Scheduler

Upon completion of the form, please submit to the CEO/Dean for approval. Upon final approval, the completed form will be kept in the CEO/Dean's office.