

Appendix A
Alcohol Service Event Registration Form

Return to: Office of Engagement- engage@uark.edu

Please Print

Sponsoring Unit: _____

Event Contact: _____ Phone: _____

Email Address: _____ Anticipated Number in Attendance: _____

Name of Event: _____ Date: _____ Time: _____

Approved location for event:

** Please consult Appendix B under Fayetteville Policies and Procedures 700.5, Alcohol Policy for University Special Events for a full list of approved locations.*

Other proposed location (Describe):

**Other locations are subject to advance approval by the Chancellor's Executive Committee.*

Do you have a guest list? ___ Yes ___ No (Sponsoring unit must keep list on file)

List the name(s) of the person(s) or vendor who will serve the alcohol: _____

Is this vendor licensed? ___ Yes ___ No

Is this vendor insured? ___ Yes ___ No

Has this vendor previously been approved by the University? ___ Yes ___ No

Will alternative beverages be available? ___ Yes ___ No Will food be available? ___ Yes ___ No

I have read the **Fayetteville Policies and Procedures 700.5, Alcohol Policy for University Special Events**, and I acknowledge and understand that all events at which alcoholic beverages will be served must comply with the policy. Forms lacking information required under the policy will be returned for completion.

Name _____ Date _____

Signature _____ Date _____

- REGISTRATION APPROVED
- REGISTRATION APPROVED PENDING LOCATION APPROVAL
- REGISTRATION NOT APPROVED

DATE _____

Office of Donor Engagement