## RETURN THIS FORM TO THE OFFICE OF THE PRESIDENT

## **Request to Serve Alcoholic Beverages**

Name of Organization:	
If a Glenville State College Organization, Name	e of Campus Sponsor:
Name of Person Completing this Form:	
Relationship to Organization:	
Date of Birth:	
Date of Function:	
Location:	
<u>Duration</u> :	
<u>Purpose of Function</u> :	
Who Will Be Serving:	
Alcoholic Beverages on Campus Policy	
No person under the	e legal drinking age will be served.
Alternative non-alcohol	ic beverages and food will be served.
No person under the age of twenty-one (2	1) will be allowed to serve wine, beer or other alcoholic
beverages and servers must be appropriate	ly trained to adhere to all laws and regulations regarding
the serving of wine, I	beer or other alcoholic beverages.
No state funds will be used to pur	chase wine, beer or other alcoholic beverages.
Requestor's Signature	Date
Approved Beiested	
Approved Rejected	
President's Signature	 Date