

# Alcohol Beverage Responsibility Form

Department of Student Activities

Brandeis University

Today's Date: \_\_\_\_\_ CES Confirmation #: \_\_\_\_\_

Organization: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Organizer: \_\_\_\_\_ Phone: \_\_\_\_\_

Campus Address: \_\_\_\_\_ Email: \_\_\_\_\_

Day/Date of Event: \_\_\_\_\_ Time of Event: \_\_\_\_\_

Event Description: \_\_\_\_\_

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Purpose for Inclusion of Alcohol: \_\_\_\_\_

Anticipated Attendance: \_\_\_\_\_ Number of Legal Age: \_\_\_\_\_

Type and Amount of Alcohol requested: \_\_\_\_\_

Type of Non-alcoholic beverages and food to be served: \_\_\_\_\_

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What admission procedures will be in place to prevent intoxicated persons from entering this event? \_\_\_\_\_

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This form must be completed, signed and on file with the Department of Student Activities at three weeks in advance of the planned event.

\_\_\_\_\_  
Conference and Event Services

\_\_\_\_\_  
Date

\_\_\_\_\_  
Department of Student Activities

\_\_\_\_\_  
Date

I understand the University's rules regarding the use of alcohol at events, and take responsibility for activities at the above described event.

\_\_\_\_\_  
Student's Signature (must be 21 years of age)

\_\_\_\_\_  
Date