

**SPECIAL EVENTS REQUEST FORM
PERMIT FOR USE OF ALCOHOLIC BEVERAGES**

Name of Fairmont State Organization or Group _____

Check One: Students will be attending this special event Non-students will be attending this event

Name of person making request _____

Address (City/State/Zip) _____

Phone _____ Email _____

I have read, understand, and agree to follow the Guidelines for the Student Use of Alcohol at Fairmont State events as attached. Signature _____ Date _____

DATE OF SPECIAL EVENT _____ LOCATION _____

WHO WILL BE IN ATTENDANCE (check all that apply):

- Faculty and Staff Students over age 21 Students under age 21
 Community adults over age 21 Community attendees under age 21 Other _____

SPECIAL EVENTS DESCRIPTION (describe event and why alcohol needs to be served)

IF STUDENTS OR OTHERS UNDER AGE 21 WILL BE IN ATTENDANCE, DESCRIBE THE PROVISIONS BEING MADE TO ENSURE ALCOHOL WILL NOT BE SERVED TO THIS GROUP:

- It is understood that **FOOD AND NON-ALCOHOLIC BEVERAGES MUST BE PROVIDED.**

RECOMMENDATION AND FINAL APPROVAL: Vice President for Students Affairs signature required for events students will be attending.

- Recommend approval Insufficient information provided Not recommended for approval

Vice President for Student Affairs _____ Date _____

FINAL APPROVAL – FAIRMONT STATE PRESIDENT OR DESIGNEE:

- Approved as submitted Approved as amended with conditions Denied

President's Signature _____ Date _____

Conditions: _____