Keene State College Alcohol Function Agreement

This form is to be returned to the KSC Scheduling Office 21 days prior to the event. Sponsoring organization _____ Event/activity ____ Date of event _____ Facility to be used _____ Time of event (beginning) ______ to (end) _____ Person responsible Name ______ Phone _____ Date of birth _____ Number of attendees Caterer serving event Caterer address _____ Is alcohol to be sold? _____Yes ____No Type of alcohol to be sold/served Amount of alcohol to be brought into facility _____ Type and amount of food available _____ Type of entertainment/program occurring at event ______ How will caterer/organization insure that persons under the age of 21 will not consume alcohol? Persons under 21 will not attend (IDs will be checked at the door Persons under 21 will be separated from the area alcohol is to be consumed Other explanation below (It will be up to the discretion of KSC whether it is a suitable control or not)

As a representative of the above organization I have read, understand and accept the provisions set forth in the KSC Alcohol Function Agreement for the use of its facilities and the approval to sell, serve and/or consume alcohol.	
Signature	Date
As the caterer serving the alcohol at this event, I cer state of New Hampshire Liquor Commission to serve display said license at event. I have also read, under conditions stated in the KSC Alcohol Policy.	e alcoholic beverages off-premise and will
Type and quantity of drinks	
Price per drink	
Signature	Date
Liquor license #	_ Expiration date
This event has not been approved until signed below For Keene State College Use Only	· ·
Security needed for this event:	
Keene Police Department	
Keene State College Safety Officers	
Other	
Approved by	Date
Approved Dean, Director or Facility Manager	Date

