

REQUEST FOR ALCOHOL OR CEREAL MALT BEVERAGE SERVICE

EVENT DETAILS:

Event:

Date: _____ Times: (Start) _____ (End) _____

Location: _____ Attendance: _____

Event:

Description: ~~ALZB~~ 1916 ET q 1 0 0 1 62.64 3D2 6Td 9neral Couns359.04 Q q 1 0 0 1 262.08 46 [(6Td 9ne

Do you have a room reservation: Yes No _____ Con rmation # _____

CONTACT INFORMATION:

Name: _____ Address: _____

City: _____ State _____ Zip: _____

Phone Number: _____ Email: _____

Are you a WSU Department: Yes No _____ If yes, department name: _____

APPROVED:

Signed by Event Services

Date

General Counsel

Date

Download this form, fill it out and email to NZFWFOU@wichita.edu or contracts@wichita.edu

Wichita State University alcohol policies are available at: UQT XXX XJDIJUB FEV BCPVU
DI @ QIQ