

**REQUEST FOR USE OF ALCOHOLIC BEVERAGES  
ON THE EDINBORO UNIVERSITY OF PENNSYLVANIA CAMPUS**

1. Name and information of person requesting permission (must be the same person assuming responsibility for event and must be over 21 years old).

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Phone # \_\_\_\_\_

2. Event \_\_\_\_\_

Date(s) \_\_\_\_\_ Time \_\_\_\_\_

Building \_\_\_\_\_

3. Number of persons expected to attend event \_\_\_\_\_

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I have read the Policy on Alcoholic Beverages and understand that I am responsible for making certain that we comply with everything contained within that policy.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
(should be the same as in #1)

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\_\_\_\_\_ Approval Granted: \_\_\_\_\_ Date \_\_\_\_\_  
Vice President for Finance and Administration

\_\_\_\_\_ Approval Denied: \_\_\_\_\_ Date \_\_\_\_\_  
Vice President for Finance and Administration

cc: \_\_\_\_\_ President  
\_\_\_\_\_ University Police Chief  
\_\_\_\_\_ Applicant  
\_\_\_\_\_ Conference Director  
\_\_\_\_\_ Building Director  
\_\_\_\_\_ Other \_\_\_\_\_