



AgriLife Event Alcohol Beverage Request Form

Current Date: _____

Event Date: _____ Event Name: _____

Contact Person: _____ TAMU/AgriLife Office: _____

Phone: _____ E-mail: _____

Event type: Reception Tailgate Banquet Other (specify): _____

Venue Information

Venue Name(must be approved): _____

Facility Contact: _____ Phone Number: _____

Alcohol Beverage Service Information

Alcohol Provider (must be an approved vendor): _____

Service Type: Open Bar Cash Bar Other (specify): _____

Service Level: Beer/Wine Beer/Wine/Call Liquor Beer/Wine/Premium Liquor

Time Bar Opens: _____ Time Bar Closes: _____

Total guests: _____ Total guests under 21: _____ Total guests 21 and over: _____

How will the guests under age 21 be monitored so that they are not consuming alcoholic beverages?

Food Service Information

Caterer: _____ Contact Name: _____ Phone: _____

Food Menu: _____

By signing below, I certify that all the information I provided is correct to the best of my knowledge.

Requested By: _____ Signature: _____ Date: _____

Facility Manager: _____ Signature: _____ Date: _____

For on-campus events, please route to the Executive Associate Vice Chancellor.

Executive Associate Vice Chancellor Signature: _____ Date: _____