**Alcohol Registration Policy:** Special Event Registration Committee

**Sponsoring Organization:** ____________________________________________________________

Name of the Event: ________________________________________ Expected Attendance: __________

Location: ___________________________________________ Date: ______________ Time: _____ - _____

**Hosts (must be members of the organization and be present at the event):**

Coordinator: ______________________________ President: ______________________________

Email: ___________________ Phone: __________ Email: ___________________ Phone: __________

**How will alcohol be made available?**  BYO: _____ Serving: ____ (only at academic/staff events)

*What methods are you planning to comply with the University Alcohol Policy and TN state laws:*

_____ Carding at the door:  ______ by third party security  ______ by host group member

(only at academic/staff events)

_____ Wrist Bands for legal alcohol consumers (wristbands may be purchased: Student Organizations Office)

_____ Other means of identifying underage drinkers (e.g. guest list with birth dates)

_____ Required non-alcoholic beverages and food will be served

Describe: ____________________________________________________________

_____ A limited amount of beer will be permitted per person of legal age. Limit: _____

_____ A limited amount of distilled spirits will be permitted per person of legal age. Limit: _____

_____ Party Management training provided through the Office of Alcohol, Tobacco & Other Drug Prevention, 343-4740 (Minimum of 2 members are required to be trained, and they must be present at the event)

Party Patrol members: 1. __________________________________________ 2. __________________________

3. __________________________________ 4. __________________________ 5. __________________________

_____ No undergraduate organization can use AcFee funds to purchase and provide alcoholic beverage. All of the above requirements apply to graduate/professional organizations and departments conducting alcohol-related events.

_____ Special event insurance secured. Date: ______________________________

Event Coordinator________________________________________________________ President____________________________

Organization Advisor/Academic Department Head Office of Alcohol, Tobacco & Other Drug Prevention

Vanderbilt University Police Department Senior Director for Student Activities

08/19/02