

BENEDICTINE UNIVERSITY ALCOHOL EVENT REGISTRATION FORM

Department: _____	Current Date: _____
Event Name: _____	Date of Event: _____
Contact Person: _____	Starting Time: _____
Phone _____	Ending Time: _____
Email _____	Street Address / Location: _____
Host Monitor: _____	
Phone _____	
Email _____	
Anticipated # Attending _____	
Anticipated # legal age participants _____	
Theme: _____	
DESCRIBE THE EVENT:	
In order to host an event, we understand that we must be in compliance with Illinois law, Benedictine University policies and the University's Alcohol and Drug Policy.	
I have read and agree to adhere to the above.	
Department Representative Signature _____ Date _____	
Department Head Signature _____ Date _____	

Please return this form to the Administrative Services Office for approval

*Forms turned in less than 30 days prior to the date of the event will not be accepted

University Approval:	
Dean of Administrative Services _____	Date _____
Dean of Students _____	Date _____
Executive Vice President _____	Date _____