

## REQUEST FOR ALCOHOL OR CEREAL MALT BEVERAGE SERVICE

EVENT DETAILS:	
Event:	
Date: Times: (Start) (End)	
Location:	Attendance:
Event:	
Description:	
Do you have a room reservation: Yes No Confirmation #	
CONTACT INFORMATION:	
Name: Addr	ess:
City: State	Zip:
Phone Number: Email:	
Are you a WSU Department: Yes No If yes, department name:	
ALCOHOL SERVICE:	
Alcohol service requires the use of a caterer approved for alcohol service. Please see www.wichita.edu/wsucatering	
Name of Caterer:	
Phone: State	Zip:
Phone Number: Have you contacted	the caterer: Yes No
Off-campus groups are required to have liability insurance. A copy of the policy must be attached to this completed form and show WSU, WSU ICAA, and WSU Union Corporation, Inc. as additional insured.	
Do you have Liability Insurance: Yes No	
Insurance Company:	
Contact Person:	
APPROVED:	
Signed by RSC Event Services Da	te
General Counsel Da	te

Download this form, fill it out and email to **letsmeet@wichita.edu** for reservations in the Rhatigan Student Center. All other requirements should be emailed to **GC.contracts@wichita.edu** 

Wichita State University alcohol policies are available at: http://webs.wichita.edu/inaudit/ch11\_07.htm