

**ALCOHOL MANAGEMENT PLAN
(NON-STUDENT SPONSORED EVENTS)**

A-1 FOOD AND BEVERAGES

1. Please describe your Alcohol Management Plan to ensure that underage persons will not have access to alcoholic beverages and that the excess consumption of alcohol by others will be adequately monitored and addressed. Please indicate the amount and type of alcohol beverages to be served. Attach additional pages if needed. _____

2. What non-alcoholic beverages will be served or made available: _____

3. Will food be served or available at the Event? Y N
If "Yes," describe the food and the source that will provide the food _____

4. Estimated Attendance: _____ Number over 21: _____

A-2 SECURITY (All Security Plans for Events on Campus Property Must be Approved by Campus Police)

Describe your plan for security at the Event (attach additional pages, if needed): _____

A.3 CONTACT INFORMATION

Name, E-Mail Address & Telephone of Event Manager(s): _____

Contact Person's Signature _____ Date _____

Advisor's Signature (If applicable) _____ Date _____

Campus Police Signature _____ Date _____