

**COLLEGE OF CHARLESTON
DIVISION OF STUDENT AFFAIRS
AUTHORIZATION TO HOST STUDENT EVENT**

EACH STUDENT ORGANIZATION SPONSORING OR CO-SPONSORING AN EVENT INVOLVING THE CONSUMPTION OF ALCOHOL MUST COMPLETE THIS FORM IF THE EVENT WILL BE HELD:

(1) ON COLLEGE OWNED OR CONTROLLED PROPERTY "COLLEGE PROPERTY"; OR

(2) AT AN OFF CAMPUS SITE IF THE ORGANIZATION WILL USE EITHER STUDENT FEES OR OTHER COLLEGE RESOURCES TO FINANCE THE EVENT, OR IF THE ORGANIZATION PLANS TO ADVERTISE OR PROMOTE THE OFF CAMPUS EVENT USING THE NAME AND/OR RESOURCES OF THE COLLEGE.

COMPLETED FORMS MUST BE SUBMITTED TO THE DIRECTOR OF STUDENT LIFE (STERN CENTER 310) OR DIRECTOR OF GREEK LIFE (97 WENTWORTH), AS APPROPRIATE, AT LEAST 14 DAYS PRIOR TO THE DATE OF THE PROPOSED EVENT. PLEASE REFER TO THE COLLEGE OF CHARLESTON POLICIES REGARDING GROUP EVENTS WITH ALCOHOL IN *THE COMPASS* AND *THE RISK MANAGEMENT MANUAL FOR GREEK-LETTERED ORGANIZATIONS* FOR DETAILED INFORMATION.

A. DATE OF THIS APPLICATION: _____

By: _____ Executive: _____

By: _____ Executive: _____

B. EVENT DESCRIPTION

Date of the Event: _____ Location of the Event: _____

Start Time: _____ End Time: _____ Title and Purpose of the Event: _____

C. SPECIAL EFFECTS

Will Special Effects be used at the Event Y N ? If "Yes," describe the Special Effects, when they will take place, who will manage the special effects, and the safety plan that will be used (attach additional pages, if needed): _____

D. FOOD AND BEVERAGES

1. Will Alcoholic beverages be served or available at the Event Y N ? If "Yes," an *Alcohol Management Plan* must be attached.

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: _____

E. SECURITY (All Security Plans for Events on Campus Property Must be Pre-Approved by Campus Police)

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

F. CONTACT INFORMATION

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

Name, E-Mail Address & Telephone of Organization Advisor(s): _____

Name, Address & Telephone of Location Manager: _____

G. LOCATION MANAGER APPROVAL

Subject to all terms and conditions of this Application and such approvals as may be required below by the Division of Student Affairs, I approve of the use of the facility at the date and for the times as first stated above.

_____ (signature) _____ (date).

ATTESTATION BY EVENT SPONSORS AND ADVISORS

By signing this form, I affirm that I have read and understand the South Carolina alcoholic beverage laws and the College of Charleston Alcohol Policies and Guidelines (as contained and/or summarized in the *College of Charleston Student Handbook*). I accept for myself, and on behalf of the organization first mentioned above, the responsibility for communicating these laws, policies and guidelines and the restrictions contained in this application, if approved, to those individuals invited to or attending the Event. During the Event, I shall also engage in good faith efforts to require Event participants to comply with all other relevant College policies contained in the *Handbook*. I further understand that I will act as a representative of the organization for the purpose of receiving and forwarding to the Division of Student Affairs any complaint received or policy violation alleged concerning the Event. I shall also assume responsibility for carrying out the security plan and Alcohol Management Plan (if any) for the Event, as my role may be indicated in or reasonably implied in those plans. If I am a student representing a student organization, I also confirm that a representative from my organization attended the Risk Management workshop offered by the Office of Student Life as part of the Student Organizations Summit Series.

Event Manager's Signature: _____ Date: _____

Event Manager's Signature: _____ Date: _____

Advisor's Signature: _____ Date: _____

Advisor's Signature: _____ Date: _____

APPROVALS

- Y N Fire Safety Precautions Required
- Y N Alcohol Management Plan
- Y N Resources Needed from Department of Public Safety. Number of Officers Required: _____

Campus Police Representative Signature: _____ Date: _____

Fire Safety Representative Signature: _____ Date: _____

Director of Student Life Signature: _____ Date: _____

Director of Greek Life: _____ Date: _____

For Official Use Only

Form Received by: _____ Date: _____

FORM DUE AT LEAST 14 DAYS PRIOR TO DATE OF EVENT

COLLEGE OF CHARLESTON
DIVISION OF STUDENT AFFAIRS

Alcohol Management Plan

This plan must be completed and submitted for review before any event which includes alcohol can be given final approval.

Alcoholic Beverages to be Served:	Amount of Beer _____	Amount of Wine _____
Non-alcoholic Beverages to be Served:	Amount _____	Types _____
Food to be Served:	Amount _____	Types _____

What methods will be used to assure that those persons under 21 do not possess or consume alcohol?

What methods will be used to assure that attendees of legal drinking age do not over-indulge?

Will your advisor(s) be in attendance?

Describe security arrangements: _____

Plan Prepared by: _____

Signature: _____

Date: _____