

**SOUTHERN CONNECTICUT STATE UNIVERSITY  
ALCOHOL POLICY ADDENDUM FOR OFF-CAMPUS EVENTS**

Name of Sponsoring Group \_\_\_\_\_

Name of Presenter \_\_\_\_\_

Local Address \_\_\_\_\_ Local Telephone \_\_\_\_\_

Name of Advisor (for student groups) \_\_\_\_\_

Local Address (for Advisor) \_\_\_\_\_

Type of Event \_\_\_\_\_

Date of Event \_\_\_\_\_ Time of Event \_\_\_\_\_

Location of Event \_\_\_\_\_

Will this off-campus event be an **Open Event** (includes persons under the legal drinking age) or a **Closed Event** (includes only persons of legal drinking age)

Manner in which event will be publicized (attach copies of intended posters, flyers, announcements, etc. that will be used to advertise the event)

\_\_\_\_\_  
\_\_\_\_\_

Manner in which alcoholic beverages will be made available

\_\_\_\_\_  
\_\_\_\_\_

Type and amount of alcoholic beverages to be served \_\_\_\_\_

I (we) the undersigned, understand the aforementioned University regulations and accept full responsibility for their enforcement.

\_\_\_\_\_  
Signature of Presenter

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Faculty Adviser (when applicable)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Dean of Student Affairs

\_\_\_\_\_  
Date