

# Student Event Registration Forms

## COVER SHEET

**SUBMIT TO:** Center for Alcohol and Other Drug Educate (CADE)  
Thurston Hall, Suite 113, 1900 F Street, NW Washington, DC 20052  
**FACSIMILIE:** 202-994-2020

*\*Submission of this request form does not constitute registration of the event. Confirmation of registration will be sent via email and will be posted on the Event Registration section of the CADE web site (gwired.gwu.edu/cade)*

Today's Date \_\_\_\_\_ Date of Event \_\_\_\_\_ Day of Event \_\_\_\_\_

There must be at least 5 business days between the day of application submission and the event date.

**Event Title** \_\_\_\_\_

**Sponsoring Organization** \_\_\_\_\_

*Please Indicate Appropriate Category*

\_\_\_\_ Student Organization (Not Social Greek); \_\_\_\_ Student Organization (Social Greek)

### EVENT DATE & TIME

From: \_\_\_\_\_ a.m./p.m. Day of Week **Beginning** Date of Event. \_\_\_\_\_  
(MM/DD/YY)

To: \_\_\_\_\_ a.m./p.m. Day of Week **Ending** Date of Event \_\_\_\_\_  
(MM/DD/YY)

### Person Submitting Request

\_\_\_\_\_  
First Name Last Name Email Address

(\_\_\_\_\_) \_\_\_\_\_  
(Area Code) Telephone Number

(\_\_\_\_\_) \_\_\_\_\_  
(Area Code) Facsimile Number

### ATTENDEES

Anticipated Attendance \_\_\_\_\_

Percentage of Attendees Who are of the Legal Drinking Age \_\_\_\_\_ %

Percentage of Attendees Who are Members of the GW Community \_\_\_\_\_ %

RAM Training (RAM-trained representatives must be present for the duration of the event).

How many Responsible Alcohol Manager(s) will be in attendance \_\_\_\_\_  
(Must have 1 RAM-trained individual per 20 guests)

SAT Advisor Initials \_\_\_\_\_

## Student Event Registration Forms

---

### EVENT INFORMATION

Event Name : \_\_\_\_\_

Event Location: Will the event occur on University-owned or controlled property?

YES

Confirmation Number \_\_\_\_\_

Photocopy of reservation confirmation

Other (Please specify and attach) \_\_\_\_\_

NO (Third-Party Vendor Form Required)

\_\_\_\_\_  
Name of Establishment or University Building

\_\_\_\_\_  
Type of Business (Hotel, Restaurant, etc.)

\_\_\_\_\_  
Address of Establishment or University Building

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Postal Code

(\_\_\_\_\_) \_\_\_\_\_  
(Area Code) Telephone Number

\_\_\_\_\_  
Name of Manager of Establishment (Please Print)

---

### ALCOHOL SERVICE DATE & TIME

*(Please note that alcohol service times for events occurring **Sunday through Thursday are: 11:00am-11:30pm.** For events occurring on **Friday and Saturday alcohol service times are: 11:00am-1:30am.** For more information, see ABCD Section III, A. 4 regarding restrictions for alcoholic beverages)*

From: \_\_\_\_\_ a.m./p.m.      Day of Week **Beginning** Date of Event.      \_\_\_\_\_  
(MM/DD/YY)

To: \_\_\_\_\_ a.m./p.m.      Day of Week **Ending** Date of Event      \_\_\_\_\_  
(MM/DD/YY)

---

### DISTRIBUTION OF ALCOHOL

*Please indicate how alcoholic beverages will be distributed:*

Cash bar

Tickets exchanged for alcoholic beverages

BYOB (Greek Student Organization events, unless held at an establishment with a liquor license--third party vendor--**MUST be BYOB** or are in violation of the ABCD Policy )

Other (Please specify) \_\_\_\_\_

---

### SECURITY

University Police Department (Required for events occurring on University-owned or controlled property; contact Office of Scheduling and Events, Marvin Center, Suite 204, 202-994-7470.)

Security Agency\* \_\_\_\_\_  
Name of Company

\_\_\_\_\_  
Contact Person      (Area Code) Telephone Number

*\*If you are using an outside security agency, the agency must fax an official invoice indicating the date and time they were hired for to the CADE office (202-994-2020) in order for the event to be registered.*

SAT Advisor Initials \_\_\_\_\_





## Student Event Registration Forms

### Student Advising Team (SAT) Advisor

\_\_\_\_\_  
(Please Print) First Name      Last Name

(\_\_\_\_\_) \_\_\_\_\_      (\_\_\_\_\_) \_\_\_\_\_      \_\_\_\_\_  
(Area Code) Telephone Number      (Area Code) Facsimile Number      Email    Address

ADVISOR: Your signature indicates that you have reviewed the request and are satisfied that the student group or organization is in compliance with The George Washington University Alcoholic Beverage and Distribution Policy.

\_\_\_\_\_  
**Student Advising Team Advisor Signature**

\_\_\_\_\_  
*The following are requirements that must be submitted for this application to be approved.*

- Completed Application**
- Signature/Approval of SAT Advisor**
- # of RAM Trained = \_\_\_\_\_**
- Third Party Vendor Agreement**
- Security Confirmation**

SAT Advisor Initials \_\_\_\_\_