

**Staff Registration Forms**

**COVER SHEET**

**SUBMIT TO:** Center for Alcohol and Other Drug Education (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 Department** \_\_\_\_\_

**Person Submitting Request**

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

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

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

## Staff Registration Forms

### EVENT INFORMATION

Event Name (REQUIRED): \_\_\_\_\_

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

YES

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

Photocopy of reservation confirmation (Please attach)

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

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

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

#### 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)

#### 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

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

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THIRD PARTY VENDOR AGREEMENT

It is understood and agreed that the undersigned third party vendor/establishment will host an event sponsored by:

Sponsoring Organization

Duration of Event

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)

Duration of Alcohol Service During Event

(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)

In accordance with The George Washington University Alcoholic Beverage Consumption and Distribution Policy, the vendor must assume all responsibilities that any other purveyor of alcoholic beverages would assume in the normal course of business. These criteria include: (Manager: Please initial to acknowledge compliance)

- 1. Vendor must have a valid liquor license (D.C., Maryland, or Virginia or other appropriate jurisdiction). (Manager's Initials )
2. Vendor must be properly insured with a minimum of \$1,000,000 of general liability insurance, evidenced by a properly completed certificate of insurance prepared by the insurance provider (to be submitted to the Alcohol Request Review Committee upon request by the Committee). (Manager's Initials )
3. Vendor must agree, in writing, to cash sales only, collected by the vendor during the function. (Manager's Initials )
4. Vendor assumes, by signature below, all responsibilities of a purveyor of alcoholic beverages in the normal course of business and in compliance with all the laws of the appropriate jurisdiction. (Manager's Initials )

Name of Establishment (Please Print) Type of Business (Hotel, Restaurant, etc.)

Address City State Postal Code

( ) ( ) (Area Code) Telephone Number (Area Code) Facsimile Number

Name of Manager (Please Print)

Signature (indicates acceptance of above conditions and responsibilities) Date