

Alcohol Approval Form

This form must be completed by the group requesting service of alcohol and approved by the Vice-President of the requesting group. Once approved, it must be submitted to Catering by Concordia at least 3 weeks prior to the start of the event.



Moorhead, Minnesota

Individual requesting approval: _____

Email: _____

Phone: _____

Event/Program title: _____

Date(s) of Event/Program: _____

Date(s) when alcohol is requested: _____

Hours when alcohol is requested to be served: _____

Location of Event/Program: _____

Number of People to be served: _____

Contact person responsible for event/program planning:

Name: _____

Email: _____

Phone: _____

9625/0217

Source of Funding: _____

Beverages Requested:

____ Beer

____ Wine

Requested by: _____ Date: _____

Signature

____ Approved

____ Denied

Approved/Denied by: _____ Date: _____

Signature

Email copy to Risk Management @ riskmanagement@cord.edu

Fax copy to Risk Management @ 218.299.4945