University of New Haven

FACULTY/STAFF ALCOHOL EVENT REGISTRATION FORM

University policy requires that hosts of all functions at which alcohol is served must complete this form. Individuals completing this form must be at least 21 years of age.

Group: _____ **Location of Event:** _____
Date of Event: _____ **Starting Time of Event**: _____ **Ending Time**: _____
Contact Person: _____ **Phone:** _____
Briefly describe the event: _____
_____
Total Expected Attendance: _____ **Total 21 Years and Older**: _____
Type of Alcohol to be served: _____
What non-alcoholic beverages will be available? _____
What food will be available? _____

In accordance with the laws of the State of Connecticut, as outlined below, the University of New Haven allows alcoholic beverages to be served to persons over 21 years of age at some gatherings held on campus. Notification of intent to serve alcoholic beverages must be provided in advance to the Associate Vice President of Public Safety & Administrative Services or his or her designee. All policies and guidelines must be adhered to or alcohol cannot be served.

Under the laws of the State of Connecticut, it is unlawful for a person less than 21 years of age: to attempt to purchase, to purchase, to consume, to possess, or to transport any alcohol, liquor, or malt or brewed beverage within the State.

Furnishing Alcoholic Beverages to Minors: Anyone who **sells, gives, provides or furnishes** any alcoholic beverages to anyone under the age of twenty-one (21) is guilty of a criminal offense as defined by the State of Connecticut. The word "furnish" is defined as follows: to supply, give, provide to, or allow a minor to possess alcoholic beverages on premises or property owned and/or controlled by the party charged. It is unlawful to provide alcoholic beverages to anyone under 21 years of age.

I have read the above and I agree to be in attendance for the duration of the event. I am 21 years of age or older and I agree to be responsible for ensuring that the above stated policy and University policies are not violated. I understand the implications of assuming this responsibility.

_____ _____
Signature of Contact Person Date

_____ _____
Name of Contact Person (Please Print) Phone Date

_____ _____
Name of Contact Person During The Event (Please Print) Phone Date

_____ _____
Approved: Ron Quagliani AVP of Public Safety & Administrative Services Date