

# Authorization Form for the Service of Alcohol at Student Events Held in Common Spaces on Campus

Wellesley College Office of Student Activities

Organization name(s): \_\_\_\_\_

Event Manager(s): \_\_\_\_\_

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

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Location: \_\_\_\_\_

Expected number of people at the event: \_\_\_\_\_

Number of kegs and/or amount of other alcohol: \_\_\_\_\_

Number of bartenders: \_\_\_\_\_

Number of TIPS Event Staff: \_\_\_\_\_

TIPS Event Staff names: \_\_\_\_\_

\_\_\_\_\_

<b>OFFICE USE ONLY:</b> ___ TIPS Event Staff    ___ EM    ___ R25    _____ Date Sbmtd
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Notes:

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Date of meeting with Assistant Director of Student Activities: \_\_\_\_\_

Signature of Approval: \_\_\_\_\_

Date of meeting with Campus Police: \_\_\_\_\_

Signature of Approval: \_\_\_\_\_

*This form must be completed and returned to the Office of Student Activities at least 5 business days prior to the date of the event.*

***Failure to do so may result in denial of current or future requests.***