Alcoholic Beverage Request Form  
KU SCHOOL OF MEDICINE-WICHITA

To: Wichita Dean’s Office  
Room 2005; Fax: 316-293-2628  
Date: _____________________

From:  
(Name of Requestor, please print)  
Phone: _____________________  
Email: _____________________

1. **Sponsoring Organization:** ________________________________

2. **Event Date:** ________________ **Time** (From/To) ________________

3. **Purpose:** ________________________________________________

4. **Who will be attending Event?** ____________________________

5. **Location:** (Check One)  
   - □ Main Lobby (Esplanade)  
   - □ Meadowlark Room  
   - □ Sunflower Room  
   - □ West Atrium  
   **Expected # of Attendees:** ________________

6. **Beverage to be served:**  
   - □ Beer  
   - □ Sherry  
   - □ Wine  
   (KU Alcohol Policy)

7. **Name/Contact info of licensed caterer to provide and serve alcohol:**  
   ______________________________________________________________

8. **Name of person responsible for enforcing alcohol policy during event:**  
   Print Name___________________________ **Title** ___________________
   Signature____________________________ Date __________________

9. **Obtain required KUSMW signatures below. Form must be submitted for approval prior to public announcement, but in no case less than three weeks before event.** (Final copy of approved form must be provided to KUSMW Facilities Management, email to wicfac@kumc.edu or fax 316-293-1890.

   ___________________________________________ Date ________________
   Facilities Management-Wichita, Director, Signature

   ___________________________________________ Date ________________
   Adm. & Financial Services-Wichita, Signature

   ___________________________________________ Date ________________
   Dean, School of Medicine-Wichita, Signature

(Rev. May 30, 2017)