

**Alcoholic Beverage Request Form
KU SCHOOL OF MEDICINE-WICHITA**

To: Wichita Dean's Office
Room 2005; Fax: 316-293-2628

Date: _____

From: _____

Phone: _____

1. **Sponsoring Organization:** _____

2. **Day and Date:** _____ **Time:** _____

3. **Purpose:** _____

4. **Location:** (Check One) **Expected Attendance:** _____

Esplanade

Meadowlark Room

Sunflower Room

West Atrium

Other _____ (Special approval required by KUSM-W Dean)

5. **Beverage to be served:** **Beer** **Sherry** **Wine**

6. **Person Responsible for Enforcing Regulations:** [\(KUSM-W Alcohol Policy\)](#)

Signature _____ **Title:** _____

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Signature of person completing form

Date: _____

Dean, School of Medicine-Wichita

Date: _____

Executive Vice Chancellor or Designee

Date: _____

Approved / Not Approved

Chancellor

Date: _____

**Form to be submitted for approval prior to public announcement, but in no case less than two weeks before event.