ALCOHOL SERVICE REQUEST FORM

University of Kansas Medical Center – Kansas City Campus Approval required pursuant to the KU policy on <u>Alcohol Service at Events</u>

Spo Eve Wh Loc O O O O O O O Bev Nan Pers	ent Date: ent Purpose:	Staff Students Other Expected Attendance: O KU Endowment, Conference Room 307 (room 3038)
Eve Eve Wh Loc O O O O O O O O O O O O O O O O O O O	ent Date: ent Purpose: o will be attending event? Faculty cation: (select one) Beller Conference Center Clendening Foyer*	Staff Students Other Expected Attendance: O KU Endowment, Conference Room 307 (room 3038)
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O O O O O O O O O O O O O O O O O O O	Clendening Foyer*	
	including the H. Edward Phillips Room Fairway Auditorium & Ancillary Reception Area (CRC) Francisco Lounge Hixson Atrium Health Education Building: Rooms B102, B104 Ad Astra Room Lower Level Atrium /erage to be served: Beer me of licensed caterer to provide and serve	
Sig	son Responsible for Enforcing Regulation nature	
Sign	nature of person completing form	Date:
Olgi		
Exe	cutive Vice Chancellor or Designee	Date: Recommended / Not recommended
Cha	ancellor	Date:
	bes not include Clendening Amphitheater	5 00/0010
*Do		Rev. 03/2018

The Office of the Executive Vice Chancellor will provide a final copy of this approved form to the University of Kansas Police Department at pdispatch@kumc.edu