The University of Southern California recognizes the legality of alcohol use for individuals of appropriate age. As a result, the university expects everyone to abide by the alcohol and event planning guidelines at policy.usc.edu/drugfree. Review the expectations before submitting this form.

Please complete all sections, including required signatures, before submitting this form to Trojan Event Services.

Organization
Organization/Department Name: __________________________________________________________
Event Planner: ________________________________________________________________
Phone: ___________________________ Email: ____________________________________________
Date Submitted: __________________________

Event
Date of the Event: __________________________ Location: __________________________ Start/End Time: __________________________
Check One:  □ Beer & Wine only  □ Full Bar
Please provide event description - (must include name of university approved caterer selected to serve alcohol, type of food served and expected number of minors)(no more than 100 words)

Risk Management
• Can only be served by a university approved caterer. Self-service is not permitted.
• Attendees who consume alcohol must be 21 years or older.
• Utilize wristbands to distinguish between those under 21 and older attendees.

APPROVAL SIGNATURES REQUIRED BELOW — (please have signed in numerical order)

Signatures confirm individuals have discussed with the organization about the alcohol procedures for this event and are satisfied with the arrangements. This event complies with University Policy and State law.

1. Person Responsible - person responsible for event must be 21 years of age or older
   □ I have read the University’s Alcohol Policy mentioned above and agree to assume responsibility for strict adherence to the appropriate laws and regulations for serving alcoholic beverages.
   Print Name: __________________________________ Student/Staff ID#: __________________________
   Signature: ____________________________________ Date: __________________________
   Telephone Number: ___________________________ Address: __________________________

2. Facility - Director/Manager of the facility being used
   Print Name: __________________________________ Title: __________________________
   Signature: ____________________________________ Date: __________________________

3. Department of Public Safety - Lt. Mark A. Cervenak
   Print Name: __________________________________ Title: __________________________
   Signature: ____________________________________ Date: __________________________

4. USC Hospitality - Erika H. Chesley
   Print Name: __________________________________ Title: __________________________
   Signature: ____________________________________ Date: __________________________