

Restricted Bar Night Request Form

To request approval for transportation to an event at a location serving alcohol, please type this form, obtain your advisor's signature, and submit to 510 Wilson Commons. Forms will be reviewed by the Bar Night Review Committee, which meets bi-weekly. You should submit this form at least two weeks prior to your event.

A "Restricted Bar Night" is defined as events which

- (a) Are at a location that is closed to the general public
- (b) Have a pre-determined guest list that has been created by the planning organization
- (c) Have fewer than 300 attendees, and
- (d) Provide bus or shuttle (i.e. group) transportation to venues whose primary purpose is the provision of alcohol (e.g. bars, pubs, nightclub).

Organization Name:

Co-sponsor(s):

Contact Person:

Contact E-Mail:

Phone #:

Proposed Location for Event:

Estimated attendance:

Location Representative and Contact Information:

Date of Event:

Start Time:

End Time:

Number of buses you plan to reserve:

Type of Bus Requested:

First Trier (33 Passenger)

Monroe (44 Passenger)

Is the location closed to the general public?

Yes

No

Will there be a pre-determined guest list?

Yes

No

Please check each statement to acknowledge you have read and understood the content.

My organization must provide bus signage for each of our events. Event sign must include event name, location, time buses are running, sponsoring organization's name, and University of Rochester.

My organization has at least two event managers, including one to ride the first bus to the venue.

Buses must continue to run at least 30 minutes after your event's end time.

Depending on the size and scope of the event, my organization may be required to hire UR security for the

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How will invitations be distributed?

How will the organization manage the boarding of the buses?

Who are your event managers, and what are their responsibilities?

What arrangements have been made with the location hosting your event?

Please describe in detail any other risk management policies you plan to enact for this event. Refer to the Off-Campus Events – Bar Bus Policy for guidelines.

Contact Person Signature _____ Date _____

Advisor Signature _____ Date _____

Advisor Name & Title _____

For the Bar Night Review Committee to Complete

Approved

Security special attention

Security pre-assigned

Approved with the following conditions:

Not approved

Staff Signature: _____ Date: _____

Evaluation Received

Date: _____

Committee Distribution : Transportation Coordinator / Advisor : Group Contact : Security : DOS