## Unrestricted Bar Night Request Form

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

An "Unrestricted Bar Night" is defined as events which

- (a) Are open to the general campus population and
- (b) Provide bus or shuttle (i.e. group) transportation 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 Ir	nformation:		
Date of Event:			
Start Time:	i	End Time:	
Number of buses you plan to reserve:			
Type of Bus Requested:	First Tran(\$3 P	assenger)	Monroe (44 Passenger)
Is the location closed to the genepublic	? Yes	No	
Event Managers:			

Please check each statement to acknowledge aread and understood the content.

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

My organization must have enough event managers tod(a) the first bus to the venue, (2) have people at the bus stop checking IDs, and (3) control boarding.

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

My organization must hire UR Security for the duration the event. I understand there is a minimum four hour charge of \$160 payable by check or blue requisition (312 Form) in advance to UR Security.

If more than one organization is co-sponsoring the texact co-sponsoring organization must designate Event Managers.

After midnight all buses shoulbe return-runs only.

My organization must provide proper crowd control market system (i.e. tickets or wristbands) as noted in #8 of the Bar Bus Policy.

My organization must complete to Evaluation Formwithin 3 business days of the event.

Please complete the second page related to your event.

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	Request Form		
Please describe in detail your e or wristbands), boarding of the l	vent management plardinglpubliousesent manager duties, etc. F	city used, crowdontrol method (i.e. ti	ckets es.
Contact Person Signature		Date	
Co-sponsor Signature(s)		Date	
Advisor Signature		Date	
Advisor Name & Title			

For the Bar Night Approval Committee to Complete

Approved

Security special attention

Security pre-assigned