



# THE UNIVERSITY OF THE WEST INDIES

ST. AUGUSTINE, TRINIDAD AND TOBAGO, WEST INDIES

## OFFICE OF THE CAMPUS REGISTRAR

• Telephone: (868) 662-2002 Ext. 82000/82001 • Fax 645-3275 • Email [campreg@sta.uwi.edu](mailto:campreg@sta.uwi.edu)

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### **SMALL EVENTS APPROVAL FORM**

To: Campus Registrar

From:

Date:

Request for Approval to Serve Alcohol on Campus

I request approval to serve alcohol on campus as follows.

Responsible Organization \_\_\_\_\_

Function/Event (date, time, place) \_\_\_\_\_

Designated Host (name) \_\_\_\_\_

Contact details \_\_\_\_\_

Will there be under aged guests? Yes  No

If Yes, what measures will be put in place to prevent them consuming alcohol?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I hereby undertake to comply with the Alcohol Policy of the St. Augustine Campus of The University of the West Indies attached and note that in accordance with item 19 of the Policy, I am liable to disciplinary action under the appropriate University code/s if the function/event above for which I am responsible is found to have violated the policy.

Name of responsible person \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_